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THE ADVERSE CONSEQUENCES OF REPRESSION.*

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In the early days of my hospital experience, a deep and lasting interest in the subject of repression and its adverse consequences was awakened by the distressing circumstances attending an impressive case.

A charming young lady had become violently insane. She was the daughter of cultured and wealthy parents occupying a high social position, and had been carefully and tenderly reared. A pious and devoted mother had restricted her associations, through fear of contamination, and had developed in her a keen abhorrence of evil. She had been conscientious in her religious devotions, had maintained a spotless character, and was regarded by all who knew her as a beautiful example of angelic purity and Christian womanhood.

Her physical organization was naturally delicate, and her normal power of endurance had been overtaxed at school by ambitious efforts to excel, self-imposed exactions in the line of duty, and vague but persistent dread of ultimate failure.

As a result of the morbid self-examination which naturally followed, she became painfully suspicious of her motives and merits. From this position she had gone on picturing to herself, in endless detail, the penalties for a misspent life.

At the time in question her mental balance had been overwhelmed by a combination of exciting causes which would have produced no such disaster, had not her normal power of resistance been greatly weakened. But as a result of both predisposing and exciting causes she was now a raving maniac.

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When reason is dethroned a human being must of necessity present a melancholy spectacle. But words cannot express the surprise, nor picture the agony and despair, of the sorrowing parents when this hitherto modest and charming girl gave utterance to a constant stream of coarse, profane and vulgar language.

There was present, having charge of the case, an elderly physician, who had made the study and treatment of insanity his life work. He had diligently observed his cases, and was familiar with the theories of mental action. His knowledge of human nature was unusually profound, and he seemed able to discern with surprising accuracy the motives which actuate men. He always manifested a tender solicitude for those who came to him in trouble, his kind heart being sympathetically affected by every form of distress. He also displayed rare tact and wisdom in presenting hopeful, comforting suggestions under the most trying circumstances. But on this occasion he was practically powerless. When appealed to by her distressed friends he could offer no satisfactory explanation for this outbreak, so opposite, in every respect, to all that was known concerning this young woman's life and character. He failed to discern how these immoral and profane expressions could be related to, or connected with, any innocent experience in the patient's previous life, and no one could question her innocence. But theology has ever furnished explanations when science confessed ignorance.

Now the good doctor was sound in his orthodoxy, having been religiously nurtured in the Congregational church at Northampton, Mass., where in his boyhood the influence of Jonathan Edwards was predominant. Failing to trace in the peculiar features of this case the operations of natural law, he referred the demoralizing manifestations to supernatural origin and offered a solution of the dark puzzle which practically explained nothing and, naturally enough, afforded little, if any, solace to the grief-stricken family.

"True, Madam," said he, replying to the mother, "your daughter never associated with dissolute companions; using such language is no proof that she had bad tendencies and deceived you; in fact, I venture to say she never heard the words she now utters. We have in this poor child's use of lewd and profane language an evidence of Satan's power. This is the work of the Devil."

In ordinary cases of insanity it was the doctor's custom to institute a vigorous search for the natural cause of the mental catastrophe. He regarded hereditary influence, faulty educational systems, cankering anxiety, overwork, ill health, &c., as active predisposing and exciting causes for the development of insanity.

It was only when the irrational language of a deranged person seemed to voice a perverted moral nature, that he failed to break away from traditional but false doctrine. * * The theory of demoniacal possession in such cases not only misrepresents science: it reflects unnecessary injury upon the afflicted persons and re-acts injuriously upon the cause of true religion and pure morals.

The idea that those persons who most zealously strive to serve their Maker become, when sick and weak, the most abject slaves to Satanic caprice paralyzes human conception of justice. It heaps unmerited odium upon the heads of innocent patients. It is mainly responsible for the aversion and cruelty allotted to the insane through past ages, and affords no light to guide us in the treatment or prevention of the disorder.

In former times it was, as we all know, the prevailing opinion that delusions and maniacal symptoms generally were occasioned by some malign, personal agent. But in recent years the advance along lines of scientific inquiry has gradually wrested this broad domain of insanity, replete with mystery and interest, from the sway and tyranny of superstition, until it now becomes possible to analyze the mechanism of insanity through the application of natural laws, and show, to some extent, wherein the various forms of mental disorder result from conflicting but positive laws which underlie mental development.

An explanation of insanity based upon established laws of psychology, enables us to reconcile apparent contradictions, to sympathize intelligently with the afflicted, and to apply rational treatment. Moreover, it affords valuable hints with regard to moral instruction, and forewarns us of the ill effects which timid, emotional persons may suffer, if early terrified with ultra-religious notions that they must securely chain the Devil before they can effectually serve the Lord.

The assumption that the vocal organs of this patient responded to impulses issuing from some source other than the ideo-motor regions of her own brain,—that she was the passive agent of some supernatural personality,—is unworthy serious consideration.

Nor is it probable, in any degree, that this was a case of thought transference; or that she repeated, as some hypnotic subjects have, a series of words which she had casually overheard, the whole of which was meaningless to her. On the contrary, she must have given expression, in her ravings and mutterings, to ideas and language which represented, in some sense, her mental endowment.

Through what design or accident, then, had her mind incorporated that towards which, there is every reason to believe, she cherished the most decided antipathy?

Insanity is essentially the reduction of mental operations from higher to lower planes of action. While the same fundamental laws of mental action prevail through life, the purposes, promptings, and springs of action in the mature mind of a sane man, are not transparent, and are not easily comprehended. But the conditions are often otherwise with the insane, where the thoughts and actions are true to nature, as viewed from the material and mechanical standpoint.

When the refining ideals which characterize society are inoperative, and when the egoism of sense has superseded the ego of reason, all restraint is cast aside, and consequences of every nature and degree are unheeded.

In this respect, insanity is akin to childishness, and we find that mental manifestations, which result from the action of unimpeded natural laws upon a highly developed mental organization, afford interesting and most instructive lessons. The motives are more direct and simple in irrational than in rational mentality. The laws which regulate association, habits of thinking and feeling, degree of impression, and unemotional congruity, are more positive in action, and in most cases ought to be more readily recognized, were it not for the extreme rapidity of their action.

Cases of insanity, however, which typify the retrograde movement of mental degeneration are rare, as in the greater number of cases, the disorder depends upon local functional or organic defects in the organ of the mind. But in the early stages of acute mania, pure and uncomplicated, the normal structural condition of the brain remains intact, and physiological errors are associated with the mental disorder.

Mental degeneration commences at once, and the weakness first becomes manifest through inability to control the attention and exercise the reasoning faculties. As power to control attention

fades, environment has less influence in regulating the drift of thought. The patient pays little heed to friendly promptings. When the suggestions offered would seem to harmonize with, or correct, the ideas expressed, they are usually ineffectual; as original ideas cannot be organized and associated at their correct value without some degree of applied attention.

As rational efforts weaken, emotional effects become prominent. Surprising volumes of subjective feeling arise, and stimulate mental action. A multitude of ideas well into the patient's consciousness, succeeding each other too rapidly for complete verbal utterance.

In acute mania, cerebral automatism is well-nigh perfect. Although the ideas expressed may be startling and novel, as regards order or disorder, still the lunatic can use only what he can lay hold of in his own mind. What the insane man expresses, and the dreamer fabricates in his own thought, are but reflections from a background of previous mentality. In such cases the language used must be limited to the dialect which has been indelibly impressed upon the organ of the mind.

Memory is not abolished; indeed it is often so intensified that recollections, hitherto obscure, now become clear, and the subtle laws of suggestion and association act out with such freedom that thoughts seem to be spontaneous. That each idea is called out through some relationship to antecedent thought, experience, or sensation, is a well established doctrine.

In most cases of acute insanity characterized by volubility of tongue, the exciting influences and drift of association arise from subjective sources. It is often the case that an irritation, as the result of some physiological or organic disorder in some physical organ remote from the brain, may become the original seat of the sensation, which, when transmitted to the brain, determines the class and sequence of ideas which struggle for audible expression. Hallucination of hearing often induces the insane to answer false voices and repeat objectionable language. Sometimes absorbing delusions pre-occupy the mind to an extent which colors thought and limits its range. Thus when a patient surrenders to the fancy that the Devil has obtained full dominion over him, he feels in duty bound to rehearse, to the full extent of his knowledge, all the oaths and ribaldry, the sound and sense of which are ordinarily supposed to gratify His Satanic Majesty.

With cases of delirium and acute mania in general, it seems probable, however, that the line of thought and the associational impulses depend upon emotional congruity. The emotional and intellectual sides of the mind are organically related to each other. That the stream of thought conforms in sentiment to the prevailing state of personal feeling, and flows around a common center of fixed emotional tone, is a most common experience.

When the animal spirits are buoyant, lively, joyous thoughts flow spontaneously, while those of an opposite character are thrust so far into the dim distance, it would seem a wonder, for the time being, should they ever return. But when depression of spirits permeates the whole being, thoughts of a painful character, with forebodings of evil, unremittently persist, and sanguine, hopeful views cannot hold the attention for a short time even, without the most exhausting efforts.

Conversely, whenever ideas strongly affecting our personality are entertained, fitting or corresponding states of emotion develop, and more frequently those sentiments which perturb us are revived, and excite their reflex or correlated emotion, the more perfectly united become such thoughts and feelings, and the more readily does the revival of either precipitate the other into the realm of consciousness.

Fear, in its various forms of suspicion, anxiety, dread, horror, etc., is the strongest and most active of all the emotions. Consequently the ideas with which it comes into relation in the mind are more deeply impressed, and more sensitive to suggestion, and are more readily revived through emotional association than any other class of conceptions. For this reason, what may seem at first glance a subordinate and insignificant department of understanding, may, from the influence of an emotional shadow, transcend all one may have labored for through years of patient toil.

While it is impossible to accurately determine by observation and analysis the inception, and trace the development of, ordinary insane expressions, it appears reasonable that a certain class of the insane should reflect in their speech and actions the misgivings and self-depreciations which had largely entered into the daily, secret meditations of their previous rational hours. And this applies especially to those persons who are naturally endowed with keen emotional susceptibility, those who early conceive a high

standard of moral duty, and anxiously strive to fulfill the letter of the law, too mindful of their personal weakness.

When such persons become insane, they often talk and act as though they had completely changed in their feelings, mind, and character, and had suddenly developed traits, sentiments, and motives diametrically opposed to their established reputations. Too often such ill-fated persons are looked upon as the accomplished agents of the Prince of Darkness. But that gratuitous slander is less cruel than the intimation often expressed concerning such patients, that in acquiring their reputation for honor and virtue they probably acted the part of consummate hypocrites, and now for the first time in their lives stand revealed in their true and depraved character.

According to the writer's view of the case, such self-convicting evidence is entirely consistent with the purest types of morality; since insane, irresponsible exhibitions of familiarity with the language of the slums can be charged to repression in connection with aversion.

Concerning the patient whose case has been briefly outlined, there can be no doubt, in the light of her well known profession of high moral and religious principles, in connection with her consistent life, that the chamber of her mind now open to public inspection was furnished innocently and unwittingly.

The special terminology there discovered, and which symbolizes the most depraved, immoral ideas, may have occupied her conscious thought but once to insure a lasting impression, since it must have produced the most profound disturbance of her moral sense and been registered with a burning sense of shame and fear,—shame that man could so degrade himself, and fear of the evil with which we are surrounded.

Such figures of speech, and all they imply, may have been considered, in their original bald character, only as necessary to weigh the enormity of wickedness in the world. Nevertheless their appreciation from that standpoint fixed their relation to other words, thoughts, and personal feelings in her mind.

The best motives do not annul effects of inexorable laws.

A resolution to banish certain trains of thought, or to shun all reference to particular things, recognizes their existence, magnifies their objective reality, and brings the whole unwelcome topic into the closest relations with deep feelings of personality.

Thus over-indulgence of what would be considered praiseworthy efforts, will render more prominent in the mind those thoughts and words which the fearful and timid sincerely endeavor to obliterate.

Conscious effort in schooling the mind against the use of prohibited language requires the exercise of more mental force and stronger concentration of the attention than the free use of the same thing would call into action. In fact, a more vivid and easily revived impression may be made upon the mind by a single exertion of this character, than would follow from the repeated unconcerned utterance of the same thoughts.

Doubtless the patient in this case had formed a constitutional habit of mentally viewing the dark side of life, had been too much absorbed in anxious thought concerning those things which the righteous studiously avoid, and, through mistaken conceptions of religious duty, had for years nourished and encouraged that emotional tone which constituted the key-note to the shocking speech she now uttered.

In her normal mental condition, her rational faculties, the exercise of attention and will, had served to keep her knowledge of such things effectually concealed from her most intimate friends; but the intense egotism which accompanies mania, heedless of criticism, objection or consequences, had ruthlessly torn aside the thin veil of silence, hitherto so serviceable. The ban of secrecy concerning her inmost thoughts was forgotten when paralysis of the higher mental powers supervened, and the warning sign, "Not to be spoken," with which each forbidden word, phrase, and subject had been carefully labeled when examined and filed away in her mind, became an insufficient barrier before the emotional storm which now overpowered her intellect.

Against all such patients, overcome by an emotional disturbance which imparts a sense of anxiety and distress, as well as unrestrained animal freedom, there are no just grounds for reproach, even when their speech embodies impure and profane language. Nor should such language be attributed to the temporary supremacy of the animal nature; since it is not characteristic of gross and sensual persons when insane.

This distressing phase of insanity naturally appears only with those persons who have developed mind, morals, and character through a scheme of negation, a process of exclusion. Those who

adopt this habit, fill their minds with propositions which must be denied, and exercise over-caution regarding that which is false and wicked.

They take extraordinary pains to fix clearly in their minds such things as savor of iniquity, in order that they may fortify themselves against the appearance of evil. They pursue the journey of life burdened by a sense of responsibility, questioning this and doubting that, until their rational strength of purpose is neutralized by a vague sense of trepidation, unmindful of the fact that they are trenching upon the grounds of Doubting Castle only to become the prey of Giant Despair.

Adverse consequences from repressed emotional sentiments appear in many conditions of mental disorder, other than acute mania. In states of melancholia, both grave and mild, operations of the same law can be traced.

The insane who falsely accuse themselves of moral obliquity and criminal conduct, who suffer untold agony, anticipating retribution for their imaginary crimes, may be looked upon as not only innocent of intentional wrong-doing, but as especially conscientious in the discharge of their duties.

Persons who are selfish and criminal do not reproach themselves in their delirious utterances, do not express ideas and sentiments which imply that they are specially disturbed regarding past conduct. The delusion that they have committed the unpardonable sin, afflicts only the meek, humble Christians who entertain ideals of exalted purity, and who long to attain holiness, but distrust their capacity, wisdom, and self-control, and are thus led to anxiously guard their motives, search their hearts for lurking inclinations to sin, and so drift on into the unfathomable abyss of morbid introspection, which naturally ends with insanity.

The ungodly, who deliberately pursue lawless, wicked ways without regret, are not self-incriminating the moment thought and reason are unrestrained. It is not the dishonest man, the gambler or the thief who will, when delirious, confess himself guilty of cheating, embezzlement, and financial frauds; but rather the kind-hearted, golden-rule man, who has endeavored to practise just and upright dealings with all men, and whose generous promptings often exceed his means of benevolence.

Only in the brain of a man who has devoted much thought to the consideration of honest business principles, and who has

looked upon deception and swindling as serious offenses, does there exist the latent possibility of the mental imagery which embodies and characterizes genuine contrite expressions.

The origin of hallucinations can often be determined by the application of the same law.

Auditory hallucinations are exceedingly liable to voice ideas and suggestions which the subject of them has endeavored to rule out of his mind and life, or which he has contemplated only with fear and trembling, thus linking them the more closely to his personality and rendering them the most aggressive thoughts in his mind.

The devotee, whose calm mental conceptions of Providence are offset with vigorous emotional fancies concerning the power and malignity of Satan, whose mental picture of a crystal heaven flooded with light and music is contrasted with another, illustrating a bottomless pit, seething with lurid flames and stifling with the fumes of brimstone, is exceedingly apt, when insane, to develop so-called religious delusions in consonance with those ideas which had most strongly re-acted upon his emotional nature. Such persons naturally imagine they hear the voice of Satan commanding them to use vile and profane language, or that they have already been transferred to their preconceived place of torment, where nothing but mischief, malice, and punishment is allowed, and this leads them on to misconstrue the intentions and actions of those about them, and to regard as abusive every effort to administer food and medicine, or to protect them from the consequences of their insane folly. The same law asserts itself to the great discomfort of certain persons,—those who brood over indiscretions and errors. Several cases have come to my notice where the most painful anxiety was brought about by the occasional presence in the mind of seriously objectionable thoughts, which appeared unbidden, and became more and more persistent as emotional anxiety to banish them increased.

To the same class must be assigned those dreams which by their vivid and shocking details frequently torment disquieted individuals. In the "Haunted Mind," Hawthorne graphically depicts such experience: "In the depths of every heart there is a tomb and a dungeon, though the light, and the music, and the revelry above, may cause us to forget their existence, and the buried ones or prisoners whom they hide. But sometimes, and

oftenest at midnight, these dark receptacles are flung wide open. In an hour like this, when the mind has a passive sensibility, but no active strength, when the imagination is a mirror, imparting vividness to all ideas without the power of selecting or controlling them, pray that your griefs may slumber and the brotherhood of remorse not break their chains."

Horrid dreams (of this stamp) are not uncommon, and they produce a depressing influence which can scarcely be shaken off during the waking hours. A sense of responsibility seems to hang over the heads of sensitive persons who suffer from this cause, although they repudiate the faintest suggestion that their dreams are the "sequel of their waking thoughts." They cannot appreciate the fact that their intense anxiety to suppress the annoyance is a wrongly directed effort; that direct attempts to dislodge what once enters the mind, simply increases its formidable proportions. Intense desire, and cravings which cannot be gratified, for the time being at least, stand in the same relations to the mind as do the repressed emotional sentiments or suggestions. Although of milder force, and innocent of the like after-effects, they come into the consciousness in the same spontaneous manner whenever the reasoning power of the mind is off guard. This is frequently demonstrated by dreams in which one seems to have realized an ardently longed-for object.

Arctic explorers and other men who have suffered great fatigue while acting under strong, absorbing desires, report that sleep is often accompanied by dreams which reflect their ardent hopes. Shipwrecked men, while suffering the pangs of hunger and thirst, often experience the mockery of satisfaction in dreams which become vivid as sleep overpowers them.

The Prophet Isaiah refers to this natural law of the mind as follows: "It shall even be as when a hungry man dreameth, and behold he eateth; but he waketh, and his soul is empty; or as when a thirsty man dreameth, and behold, he drinketh, but he awaketh, and behold, he is faint."

In dreaming and delirium, then, reflex mental action revives the substance of thoughts and ideas which have been impressed upon the mind. The serious omission in the process of revival is the value sign originally annexed to each proposition, which, while it may qualify in various degrees, or transpose, the entire sense of the phrase, can be recognized only by that faculty which we call

reason. It is clearly evident that the mental mechanism and the reverse use of idioms are responsible for the spontaneous re-appearing of interdicted thoughts and feelings. But the confessions often made to physicians show how little the true source and import of such unwelcome psychical action are understood.

To meet the difficulty in such cases, Cardinal Manning truly said: "Thoughts may be spontaneous or voluntary on our part. Their presence in the mind is neither good nor bad. Their first impression on the mind, even though it became a fascination or an attraction to an immoral act, is not immoral, because as yet, though the thought has conceived them, the will has not accepted them." But quotations, however apt, and theological arguments, however strong, cannot restore peace of mind lost through confirmed habits of self-reproach and despondency arising from morbid introspection. If the case in hand happens to be one which originated from religious apprehensions, all arguments, even those founded upon Biblical and church authority, are unavailing, for the mind of the patient will be completely filled with Scriptural texts which convict him without peradventure. He only entertains condemnatory ideas, and will sum up his case with such texts as: "The Lord knoweth the thoughts afar off," and "As he thinketh in his heart so is he."

Although cases of such self-inflicted misery seem to be less common than formerly, when religious instruction dwelt at great length upon the wiles of a personal Devil, the vengeance of the Lord, and the doctrine of election; still, a few cases drift into asylums at the present day, and without doubt there are people in multitudes who go through their round of accustomed duties, seriously limited in their capacity for enjoyment, circumscribed in their power for usefulness, and debilitated, mentally and physically, through this unfortunate habit. To successfully treat this mental infirmity requires discrimination, great patience, and superior tact. The attempt usually made to arrest the perverse mental process by commands or contradiction is not only futile, but wholly wrong in principle.

When suffering is certain to cease only as amnesia ensues regarding those thoughts or words which symbolize the pain, a policy must be adopted which will hasten their consignment to the chamber of latent ideas.

All the admonitions and directions which, for their point or

value, depend upon the words and phrases "not," "stop," "cease," "don't," "you must not," "it is not so," etc., virtually predicate the very idea you aim to obliterate, and thus rekindle in the hyperæsthetic mind that subject of thought, the active presence of which occasions all the suffering.

The same complex of brain centers and associational fibres, which constitute the physical basis of an idea, must become functionally active whenever the same idea is uppermost in the mind, regardless of assent or dissent.

Force of whatever variety is always positive in quality, and it is through the adaptations of mechanism only that effects and counter-effects can be regulated at pleasure. The application of mental and nervous force is not an exception to this law. Those ideas or concepts which issue in muscular action become established with a line of direct and positive movement, and once formed, the association remains permanent. The same concept, with a qualifying word or clause, may be used to express a modified or negative motive; still, the original direct impulse is the primary movement, and the one which naturally tends to come out first, since the qualifying term, even when used as a prefix, must be registered within the brain as a suffix—and always re-act in that relative position, since the qualifying term has no value whatever before the main phrase, or proposition, has been comprehended by the intellect. The idioms and phrasing employed by children and the deaf and dumb forcibly illustrate the natural way such negative propositions are grasped by the mind. The noun is first given, and then the adjective. The proposition is first stated, and then denied by negatives or qualified by appropriate terms.

For this reason contradictory or restraining movements are secondary, and become established through the operation of the inhibitory faculty, which directs the impulse from flexor to extensor and *vice versa*, or to secondary combinations of muscular activity.

When the volition or attention is weakened, the muscular movement which was primarily organized with the mental conception, is the one likely to ensue. This explains why it is that persons who lose their presence of mind are almost certain to do the wrong thing, or take the wrong step.

The fear of falling from a dangerous position tends to make a person fall, and may actually precipitate him, since the muscular

action is an obedient reflex, and the mind for the time being is absorbed with a picture, or sense, of going over. This first effect of fear lasts until the mental conception changes and the inhibitory faculty breaks the primary association and switches the outflow of energy into secondary paths, calculated to so affect the muscular system that stability of posture would result.

It is related that two artists were once engaged upon a high scaffold, frescoing a church. When the design upon which they had been working was nearly finished, one of the painters slowly retreated from the picture in order to observe the effect of distance on the painting; with his eyes fixed upon his work, backward, slowly, step by step, he gradually approached the edge of the platform; another step, and he would have been precipitated to the pavement below. At this critical moment his companion saw the impending danger, and instantly proceeded to fill the mind of the imperiled man with ideas, the primary positive action of which carried him out of peril. Had he exclaimed, "Don't step back," or given other words of warning, before the secondary and qualified movement associated with the words could have been inaugurated, in all probability it would have been too late. Without a word, he threw his brush, wet with paint, against the picture; whereupon the incautious man unhesitatingly rushed forward to protect the fruits of his labor. The picture was ruined, but a life was saved.

Although automatic mental activity, associated with negative phrase symbols, is liable to cause disaster, under the stress of anxiety or fear, as regards physical action the consequences are seldom serious, since the mechanical arrangement of muscles grouped to antagonize each other is so perfect. Therefore, there is little objection to the practice which establishes re-actions between the physical and mental systems upon the antithetic scheme. But in mental operations pure and simple, especially with the ideas which cluster around the personality, counteraction means revolution in subject consciousness.

The time allotted to distressing trains of thought must be wholly occupied with other ideas, which bear no relation to, and have no connection with, these painful subjects. For this reason, verbal antitheses, injunctions, and adverbial expressions in general, should be carefully avoided in guiding those who are morbidly conscientious, and who brood in melancholy over a

limited circle of persistent ideas. Neither can the desired end be readily accomplished through the mere suggestion of even wise measures. Fresh stimulating ideals and motives must be presented and made to engage the attention. But one duty respecting this class of disorders is not wholly discharged by treating cases, and theorizing upon methods of treatment. We can, and should, do something to prevent the occurrence of such mental disorders. For, while a mental fault of self-distrust, fear, and emotional repression, develops into insanity in comparatively few cases, the health and happiness of thousands are reduced, if not sacrificed, through this unfortunate habit.

The physiology of organic life and functional activity cannot proceed normally while the circulation of the blood and the nervous system are affected by depressing mental influences.

The mental life is narrowed down in this way to a vicious circle of ideas, subjective in character and limited in re-action, thus hampering individual growth in mind and character, limiting capacity for sympathy and usefulness, and destroying peace of mind.

We should call attention to the fact that the seeds of such mental debility are usually sown at an early age in the life of the person afflicted. Children can but be credulous, and in their early imaginations they often elaborate a chain of detail and a degree of reality in connection with the bug-bear stories related in the nursery by thoughtless nurses, teachers, and parents. And, upon the slightest suggestion, such ideas are recalled and associated with fresh material that may excite surprise, wonderment, or dread. Thus the gradually widening circle of mental and emotional associations of a frightful character is bound to the central self-feeling. In this way, ideas of a painful, depressing nature become predominant with emotional, sensitive children, and unduly influence the thoughts and conduct until later in life, when mature judgment usually corrects the false value attached to such fears and removes what had been a mental obstacle to the person's complete happiness and highest good.

Charles Lamb gives a feeling description of childish fears which were dependent for shape and manner of visitation, if not occasioned by, certain graphic pictures in a History of the Bible. The picture representing the Witch raising up Samuel seems to have made the deepest impression upon him. "That detestable

picture," he wrote, when in after years he could look back and trace mental suffering extending over so long a period to the exciting cause. "I was dreadfully alive to nervous terrors. The night time, solitude, and the dark were my hell. The suffering I endured in this nature would justify the expression. I never laid my head upon my pillow, I suppose, from the fourth to the seventh or eighth year of my life—so far as memory serves in things so long ago—without an assurance, which realized its own prophecy, of seeing some frightful specter."

It is through religious and moral sentiments and emotions that children are most easily affected. They are exceedingly apt to picture in their own minds a more intense and personal sense of suffering than their elders and teachers intend to convey. For this reason, extreme ideas with regard to religious duty, holiness, election, eternal torment, etc., as the basic motives in morals and religion, should not be thoughtlessly taught to the high-bred, imaginative children of the present day.

While it is impossible for one to live in this world, either wisely or safely, without a knowledge of more or less evil, it is certain that ideals of happiness associated with pure living, lofty sentiments, and Divine promises, best develop true Christian character.

Bearing in mind that all knowledge, religious as well as secular, is acquired and used through psychological laws, it becomes plain why religious instruction should follow the direct, positive method; why the minds of the children and youth should be filled with high moral and religious ideals; why we should dwell upon those examples which are to be followed and hold up patterns of excellence rather than charts of danger.

It has been too much the practice in New England to inculcate morals and teach religion by the aid of negative propositions. The forbidding, stern Old Testament phrase, "Thou shalt not," has been too frequently the religious key-note in pulpit, Sunday school, and by the fireside. Not that the commandments should be ignored, as they are founded on eternal truth. But as sole guides to right conduct and religious development they were specially adapted to the children of Israel,—a rude, unlettered, phlegmatic people, just emerging from bondage,—who could be restrained from wrong doing only through the suggestion of painful consequences symbolized by terms within their comprehension.

But, aside from the law of Moses, and perhaps some inferences which may be drawn from historical characters described in the Old Testament, there is little Scriptural authority for the harsh, adverse, repressive methods of inspiring right motives and regulating religious lives. The Old Testament prophets adopted a different style, and certainly they were men of accurate observation and philosophical insight. If they were ignorant of definite laws, as we understand them, affecting mind and body, their expressive utterances as to man's duty and his relations to God were in harmony with the law of positive, mental energy.

They used vigorous language, suggest fear and trembling, and appeal to the emotions, yet they are judicious in phrasing their admonitions. They play upon the emotions, but along the high, healthful plane of reverence and awe, rather than upon the low, debilitating level of abhorrence and cowardice. Thus the emotions and self-feeling were brought into associations with mental images which tended to humble the individual, while imparting strength to his mind and character.

The sense of fear which they sought to implant in men stood in relation to definite, positive propositions, each of which implied power and grandeur, and admitted of endless elaborations in the imagination, and all of which could but develop mental vigor and stability. They nowhere suggest abject fear of the Devil, but they affirm "The fear of the Lord is the beginning of wisdom."

And what is it to fear the Lord in such a sense? Is it not to devote the whole mind and strength to a consideration of the attributes of the Almighty, His wisdom, power, and majesty; to cultivate those thoughts and feelings which contribute breadth to the understanding, refinement and strength to ideals, and power to the hopes which raise men above their physical limitations, and which bring about that serenity of mind and perfect faith which enabled the afflicted Job to say, "Though He slay me yet will I trust Him"?

If we find little warrant in the Old Testament teachings for the morbidly conscientious and religious to repine and mourn over the evil they recognize and fear, still less can be found in the New Testament. When on earth the Master's comprehension of Truth harmonized the philosophy and psychology of His teachings with all the laws which science has yet discovered. He taught religion on the plan of positive motives, instead of animadverting upon the

evil inherent in man and issuing commandments. He suggested a form of prayer which pacifies the emotions, unifies the whole moral force, and elevates mental conceptions. Considered in relation to the law governing repressed or unsatisfied mental experience, how grand the simplicity, as well as the sentiment, of His words, "Blessed are they who do hunger and thirst after righteousness"!

The same regard to natural law in the mental and spiritual life can be traced in all His instructions. All the New Testament writers give the same evidence in this respect. St. Paul, whose wonderfully endowed and inspired mind grasped the great truths concerning mental and spiritual development, taught the early Christians to avoid the pitfalls of negative goodness. Without doubt he reached many of his conclusions through personal experience, and while there must have been much in his ante-Christian life which he subsequently deplored, he was so impressed with the fact that faith strengthens while repining weakens both mind and character, that he alluded to such subjects only for the sake of instruction. He adhered in his own life, as well as in his precepts, to the modern ideas of psychology. Again, he wrote, "The evil which I would *not*, that I do," and again, still clearer and wiser, because more comprehensive and better expressing the whole truth and the law, "Be not overcome of evil, but overcome evil with good." All through his writings we find the same positive terms and principles applied. Among his rules for Christian advancement is found this suggestion—"Let us then, therefore, as many as be perfect, be thus minded, forgetting the things which are behind and reaching forth unto those things which are before."

The whole force of Christian precepts is direct and positive.

Our poor, insane young lady would have used no language suggesting the work of the Devil had her Christian nurture been conducted in accordance with St. Paul's sublime farewell to the Philippians:

"Finally, brethren, whatsoever things are true, whatsoever things are honest, whatsoever things are just, whatsoever things are pure, whatsoever things are lovely, whatsoever things are of good report, if there be any virtue, and if there be any praise, think on these things."

SURGICAL *versus* EDUCATIONAL METHODS FOR THE IMPROVEMENT OF THE MENTAL CONDITION OF THE FEEBLE-MINDED.*

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We live in a day of surgical progress, crowned by successful operations on cavities heretofore closed to the surgeon's knife. The advent of antisepsis and asepsis laid the foundation for such success, and made possible the great progress in regional diagnosis.

The technique of surgical operations and wound treatment has been slowly, but surely, evolved, so that the detail now essential to success is so precise that each factor contributing to happy results must be thoroughly mastered ere the operation is undertaken.

This perfection in the art of surgery has made operators bold, so that to open the calvarium or abdomen, and explore for lesions, is an every-day occurrence. The field seemingly great, but in reality small, for operative interference, in cerebral diseases, has records of wonderful achievement, and records of ignominious failure; the latter due to the haste to report operations without first scientifically making a diagnosis.

Grossly theoretical has been the basis of much of cerebral surgery; especially does this apply to the operation for the relief of microcephalus. We are surprised at such undertakings by operators whose knowledge of the art of surgery is so great, for we are right in thinking they should have equally advanced knowledge in pathology, and hence when such grave errors of commission occur, surprise is but natural to those who are familiar with the real facts in the case. As superintendents of Institutions for Feeble-Minded, where you come daily in contact with this unfortunate class of defectives—microcephalic idiots—you no doubt have been struck, since this agitation for operative interference, with the utter hopelessness of the operation, viewing it from a pathological

* Read before the Association of Superintendents of American Institutions for Idiotic and Feeble-Minded Persons, at Elwyn, Pa., June 15, 1892.

standpoint. Though pressed by friends and relatives of these defectives to endorse the operation for the relief of the inhibited brain development, you have calmly awaited developments and invited inspection of results by them, in order that no charge of rash haste could be laid at your door. You have been conservative, and as Dr. Carson said to me, in a private letter, "have had but little sympathy with such surgery." The lay press has taken up this subject; it was only recently I saw, in one of the illustrated weeklies of New York, a glowing description of the operation and its results. Parents, naturally, are inquiring about the operation, and are willing to submit their children as lambs to be slain on the altar of experimental surgery.

I have in mind a case in my own neighborhood where the parents urged the operation, but the surgeon, one of the most skillful in the West, advised them to wait, and on my suggestion has informed the parents of the real results that have followed the operations up to date. A sanguine study of the results of the operation does not sustain the anticipations of its founder, Lannelongue, because it is found that, from a pathological standpoint, it is not scientific.

The three possible methods—anatomical, pathological and embryological—of investigating the nature of microcephalus, all confirm the belief that it is a condition of arrested development, occurring at or near the sixth month of gestation, and is not due to premature synostosis. Let us examine in detail the pathological anatomy of microcephalus. It is characterized by a narrowing of the brain and skull in all its diameters, and accompanied by structural deficiencies of the central and cortical portions of the brain. Synostosis of the sutures and fontanelles may be concomitant but not necessarily so. The microscopical examination of the brain will show the structural peculiarities, such as complete or partial absence of convolutions, absence of corpus callosum, gyrus fornicatus, &c., atrophy of the lobes, especially the frontal and occipital. Down reports a most interesting case of microcephalus, showing abnormal brain development. The boy was an extremely good example of the susceptibility to education of even the most unpromising cases. He acquired language, read books with simple words, amused himself with pictures and much enjoyed life. He was very agile, but always rested himself by placing his hands upon his knees, and when he ran did so with

his head far in advance of his body in a simian-like manner. He died at the age of eighteen. He was fifty-six inches in height and weighed only thirty-nine pounds. He died of phthisis. His head measured fifteen inches in circumference. The encephalon with its membranes weighed fifteen ounces. The cerebrum was attenuated in the occipital region in length, width and depth.

The departure from the ordinary course of development arose in all probability at an early period in the history of the germ. The convolutions, which were best developed, were those of the frontal, parietal and temporal regions, while those less so were the orbital but especially the occipital. The central lobe or island of Reil, was represented only by a slightly elevated prominence. Gratiolet laid great stress on the supra-marginal lobule as characteristic of man; in this brain, however, the whole was reduced to the smallest possible size, while the bent fold was disproportionately large. Certainly the conformation is not explicable by reference merely to retarded growth, and therefore lends no countenance to the arguments of those who regard microcephalic brains as due simply to synostosis. In this case the sutures of the cranium remained with remarkable distinctness. The defect was one of development and not of growth merely. The evidence of this is derived from the modification of the cerebral convolutions and the simplicity of their form. The simplicity of the arrangement was not equal throughout the convolutions, and here again some additional proof was offered of the arrest in development not having taken place at a definite period of embryonic existence, but approximately before the seventh month. Shuttleworth has reported an odd case, showing defective development of the occipital lobe. Beach has also published some cases of microcephalus where the defective development of the occipital lobe was very marked. The microscopical examination shows absence of ganglionic cells and deficient nerve fibres. The gray matter may, or may not, be disproportionate; if in excess, it does not necessarily show that the ganglionic cells are developed for there is quality as well as quantity of the gray matter of the brain. The cases showing compressed convolutions (which are very rare) may have an excess of gray matter.

Synostosis is not necessarily indicative of arrested mental development, and it is not a factor in producing microcephalus. Broca has modified Virchow's theory, by saying it is a result and not a

cause of microcephalus. Lannelongue now accepts the same view but believes that, as the brain is capable of developing until past the eighth year, the operation is justifiable as a stimulant to brain growth.

Synostosis may or may not exist in microcephalus. Down says: "My own observation of the crania of about two hundred idiots—many of them deformed in various ways and some of them unusually small—have led me to take an entirely different view regarding synostosis being a factor in microcephalus and to assume that the deviations of the cranium have been rather the sequence of circumstances arresting the development and growth of the encephalon, and have not been the result of premature ossification of the sutures." He reports cases of open sutures and fontanelles yet associated with a great degree of microcephalism.

Wilmarth does not endorse the synostosis theory but on the contrary says, "there seems to be in nearly all cases an extra amount of sub-arachnoid fluid with no flattening of the convolutions or other indications of intra-cranial pressure. If the conditions arose from cranial pressure all portions of the brain should suffer alike, as the brain may be regarded as fluid so far as the transmission of pressure is concerned. He has found but one case of compression in his extensive autopsies."

Ireland is opposed to the belief, so authoritatively stated, that premature synostosis is the cause of microcephalus. Fletcher Beach, in his morphological study of microcephalus, has shown how defective brain development is responsible for the idiocy. Shuttleworth says, "the authority of the illustrious Virchow has often been quoted in support of the view that the cause of microcephalus is premature synostosis." I am not sure that this opinion is held by him without qualifications, but so far as my humble experience goes I am inclined to think that the premature synostosis is, as a rule, the consequence rather than the cause of the imperfect brain development. Such at least seemed to me to be the case in an instance of microcephalus which I had the opportunity of pretty thoroughly investigating. The microcephalus depended upon some arresting influence having been brought into play to check the growth of the cerebral hemispheres backward and downward at about the sixth month of gestation, the development of the frontal convolutions having proceeded thus far normally, as the formative processes were complete. In this case the coronal suture

was imperfectly ossified though the girl was fifteen years of age.

The evidences of absence of cortical cell development are many. There is idiocy where we have inability to receive and retain impressions. This mental condition is variable, the extent of intelligence varying according to the degree of cortical deficiency. As a class microcephalics are quick, active, expressive in gesture, but can only receive the simplest training. Associated defective speech is often noticeable, due to interference with or absence of motor speech centre.

The idiocy is "a vice of the entire organism" and the improvement of the mental condition depends on the improvement of the entire physical system. This can not be done by the assistance of surgical means, for brain growth is not dependent on stimulus from such a source, but from true physiological education—the training of the bodily powers—without which no mental improvement can be expected. The marked improvement noticed in the few cases which have survived the operation of linear craniotomy has been noticed "almost instantly" (?) and has reached a certain stage where even the friends of the family have noticed it. This is not to be wondered at, for how strenuously does the surgeon, the parent, the friend, watch for and endeavor to elicit improvement, and the degree of idiocy must indeed be very profound, if some reward is not forthcoming for their endeavors.

But is this evidence in favor of the operation? By no means, for had such persistency been marked in the training of the child, before, as after the operation, no doubt the result would have been the same.

The great trouble with all persons associated with the feeble-minded, outside of institutions, is that they have not the patience, nor are they familiar with the methods necessary to elicit improvement in their mental condition.

The education of a feeble-minded child is pursued along the line of physiological development, it is a long, tedious process, this day-after-day drill, of object teaching, of sense perception, whereby the cortical cells are developed in the individual, as they have been in the race by the results of education through the ages. Though the brain is formed in embryonic life, its highest development only takes place after birth, and the mental action is dependent upon nervous structure and the nutrition of the same,

as the functions of the liver is on the hepatic structure and its blood supply. (Maudsley.)

As Shuttleworth says, "it has been well said that in a well managed idiot institution the intelligent visitor will find a species of educational laboratory where experiments may be tried, to the advantage of teachers and pupils of every grade. Dark and dismal though the work may at first appear, the patient observer will, perhaps, by and by, be rewarded by seeing the cloud lifting and, as he watches, exclaim with Prospero—

"The charm dissolves apace;
And as the morning steals upon the night,
Melting the darkness, so their rising senses
Begin to chase the ignorant fumes that mantle
Their clearer reason."

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REMOVAL OF THE OVARIES AS A CURE FOR INSANITY.*

BY THOMAS G. MORTON, M. D.,

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Since recent advances in surgical knowledge have rendered section of the abdominal cavity a relatively safe procedure, gynecologists and surgeons now frequently extirpate the uterus, its appendages, or both, for disease, as well as for functional disturbance of these organs, which fail to respond to other treatment. Frequently such diseases and disorders are complicated by hysteria, hystero-epilepsy, neurasthenia, epilepsy, pseudo-epilepsy and various forms of well recognized insanity which are thought to originate in and be maintained by the diseased or disordered state of these organs, and many insane women, both in this country and abroad, have been so operated upon, in the hope that mental and physical disease would be cured. In this State these operations upon lunatics have been, with few exceptions, confined to private practice, or general hospitals; but very recently the Trustees of the State Hospital for the Insane at Norristown have set apart a separate building for such purposes, and several insane patients have already had their ovaries extirpated.

In general practice these operations have been very frequently performed for the relief or cure of all forms of uterine and ovarian diseases and functional disorder, including those nervous and mental maladies which appear to depend upon or to be otherwise aggravated by such local conditions. The increasing frequency of these experimental mutilations, and their doubtful ultimate success, has caused conservative medical opinion to halt and to dispassionately discuss the whole subject and to inquire not only into the immediate but also the future results of such operations.

Medical literature and statistics of the subject are relatively scanty, compared with the large number of operations performed, which is, in part, due to the difficulty of keeping the subjects under observation for years afterward, as it is absolutely necessary

* Extract in advance from Tenth Annual Report of the Committee on Lunacy of the Board of Public Charities of Pennsylvania, 1892.

to do in order to arrive at positive results. Many insane, epileptic and hystero-epileptic women, who have been thus mutilated, have subsequently found their way into hospitals for the insane and are heard of no more. This is also the case in many instances where insanity has *resulted* from this operation, which is by no means an unusual occurrence.

Those whose duty it is to care for the insane in institutions are familiar with these ultimate failures, whose last condition is worse than their first. As a rule, to which there are but few exceptions, medical superintendents of hospitals for the insane now regard with disfavor the castration of women as a cure for mental disorders, even in those cases where there appears to be some causative or irritative connection, or sympathy between the disordered brain and the ovaries. From whatever physical disorder insanity may have developed originally, or may be aggravated by, the centres of the brain and spinal cord undoubtedly receive, early in the pathological change, such profound impression as to persist long after the removal of the alleged offending organs.

Extirpation of the ovaries in lunatics is only practiced as a last resort, after every other expedient has been unsuccessfully tried, and in such cases the brain and cord have doubtless become permanently impressed, or impelled to disordered action; functional, if not organic, deterioration has taken place. It is to these nervous *centres*, diseased or disturbed, that we must look in such cases for the real focus of irritating influence and learn by the abundant examples of failure not to hope for the relief of a central lesion by the removal of distant organs, even though they may *appear* to periodically aggravate the mental condition.

The ovaries of insane women sometimes present such gross forms of disease as to absolutely demand extirpation; but we do not allude here to these exceptional cases; it has been lately recommended and practiced where the mental disorder only *appeared* to be more or less influenced by the generative apparatus. In such cases, in our opinion, this operation upon the insane is not justifiable.

From the experience of those who have operated frequently upon cases of ovarian or uterine diseases, including the insane, hystero-epileptic and epileptic, it has been determined that, however beneficial castration may prove in selected cases in *sane* persons, failure has very commonly resulted in castration of the insane and epilep-

tic for the relief of their mental condition, even where more or less pathological change has been found in the ovaries.

As a general rule, to which there must be an occasional exception, we are forced to regard experimental operations upon insane women, for the purpose of restoring their reason, with disfavor, and to consider it unwarrantable and indefensible.

As to the practice of such operations in our State Hospitals, it is a matter of grave doubt whether a relative or guardian of an insane woman has the moral or legal right to give consent to the unsexing of the insane person, whose power to give or withhold consent is temporarily or permanently in abeyance. What redress would such a person have, if, on recovering her reason, she objected to her mutilated condition?

Such a procedure brings up the question as to the personal rights of the insane. Surely, if they have any rights, that of maintaining sexual individuality is one of the most sacred, even though, as is often desirable, they may never exercise sexual functions.

Woman perforce has to endure many hardships which man finds it easy to regard as the heritage of her sex. But suppose this matter of therapeutic castration should be applied to the male sex; a hospital superintendent, with equal reason and expectation of cure, might begin to castrate *male* insane patients, in the same scientific hope of relieving erotic or other paroxysms of excitement. The medical superintendent who would advocate or practice such mutilating operations upon men would be promptly denounced, if not legally prosecuted.

Although cases may occur among the insane, as among the sane, where removal of the ovaries, or any other important organ, may be required to prolong life, or relieve suffering, yet consensus of medical opinion at this time supports the view that insanity is not a direct and sole result of disease of the ovaries nor of any other part of the body which the surgeon's knife has, as yet, removed.

OPINION OF THOMAS W. BARLOW, ESQ., LEGAL MEMBER OF THE
COMMITTEE ON LUNACY.

I am of opinion that the operation of oöphorectomy upon insane women, as recently practiced in one of our State Hospitals for the Insane, unless necessary to save life, is not only illegal, but, in view of its experimental character, it is brutal and inhuman and not excusable on any reasonable ground. To quote a learned

medical opinion, "To operate on organs not diseased, for the relief of undefinable symptoms, hysterical symptoms and epileptic symptoms, is unwarranted." A lunatic cannot give a legal consent to the performance of an experimental operation. Nor can her relatives legally give such a consent in her behalf, and therefore a surgeon practicing oöphorectomy upon an insane woman, unless to save life, takes a great risk. He may take the risk of a criminal prosecution.

It is regarded by the best medical authorities as a useless and improper expedient for the cure or relief of insanity, and the operation of oöphorectomy in a public hospital upon indigent insane women must be regarded as largely experimental, and for that reason is bound to reflect upon hospital authorities now boasting of modern humane methods.

The Committee on Lunacy of the Board of Public Charities has full authority under existing statutes to prohibit the performance of such operations. It is the duty of this committee to "regulate the treatment of the insane," and this, whether it involves the restraint used, the character of food furnished, or the medical and surgical methods exercised in their behalf. The zeal of the gynæcologist is being carried to an unusual extent when it proposes to use a State Hospital for the Insane as an experimental station, where lunatic women are to be subjected to doubtful operations for supposed cures. If it is to be permitted in some forty or fifty cases, as proposed, it might be well to practice the experiment upon the entire female lunatic population, so that the gynæcologist may have the large opportunity he doubtless craves to see just what would happen. At the expense of some lives, the continued and aggravated insanity of most of his subjects, with a few supposed cures and improvements, he could read his conclusions learnedly to his gynæcological brethren, with the resultant added forward movement up his ladder of fame.

Dr. Wharton Sinkler, in a paper recently published in the *University Medical Magazine*, and which he read before the Association of American Physicians in September, 1891, says: "As to the benefits derived by patients who have undergone oöphorectomy for insanity, epilepsy, hysteria and the different forms of neuralgia and nervous troubles, the opinion of different observers varies to such an extent that we might believe that totally different beings and conditions were considered. Certain writers give the

most glowing accounts of the benefit obtained by almost every patient operated upon, while others regard the result as being always so unfavorable that the operation is never justifiable."

All of which proves that the operation is wholly experimental, of great uncertainty, and of very doubtful expediency.

This is the operation that it is proposed to make upon a large number of indigent insane women.

As a member of the State Board of Charities, I deem it to be my duty to protest against such a proceeding, and as the legal member of the Committee on Lunacy, I pronounce it to be illegal and unjustifiable.

MEDICAL JURISPRUDENCE.

ON THE PLEA OF INSANITY IN CRIMINAL TRIALS.*

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INTRODUCTION.

Despite the many able and exhaustive papers which have been written during the past twenty years with the object of examining and, if possible, harmonizing the notorious differences in standpoint and definition which separate the medical from the legal profession upon the great question of insanity in its legal aspect, the relations between the professions in reference to the point continue eminently unsatisfactory. In Victoria, indeed, the disagreement has reached its climax, and a state of affairs prevails which is practically intolerable. The following extract from the judgment of His Honor, the Chief Justice of Victoria, in the Full Court in *Regina vs. Colston*, will show that the legal authorities, whilst adhering to the test laid down by the governing body, are in an attitude of expectancy:

"We are all familiar," said his Honor, "with the fact that real difficulty arises in the administration of criminal law, especially in capital cases, from the application of the test laid down by the governing legal authority. But neither medical science nor discussions in courts of law have enabled the legislature on the one hand, or courts of law on the other, to arrive at a test sufficiently accurate in definition and capable of being applied to the circumstances of particular cases, as to justify, in my opinion, a court of justice in introducing this new test into the administration of criminal law. Until this question is further discussed and simplified, and until a greater degree of unanimity is attained by those learned inquirers into the state of the mind in connection with the bodily condition of human beings, which shall enable parliament or courts of justice to arrive at and to lay down a more exact test of insanity than now exists. I think we ought to follow the broad general rule. The doctrine that every man is responsible for his own acts is an extremely important one, and is of the highest importance to any new test

* Read at the Inter-Colonial Medical Congress, Sydney, N. S. W., September, 1892.

correct in its definition and capable of being applied to all cases to which it may seem applicable. Medical science has never done it; the legislature has never made an attempt to frame such a definition of insanity; no court of justice has ever laid it down, and I am not prepared to accept or to apply in this or in any other case such a general alteration of the accepted and the authoritative rule which has been laid down by the highest court in Great Britain."

It becomes the duty of the medical profession, therefore, once again to discuss this great question, and, if possible, "arrive at and lay down the more exact test of insanity," which his Honor, the Chief Justice, desires, and it is as a contribution toward this end that the present paper is written. And, viewing as we do the matter from both legal and medical standpoints, we may be able to remove some of the differences which have arisen from confusion in terms and mutual misunderstandings, and to point the way towards the harmony which should unite two different branches of knowledge. For the writers of the present paper are convinced that union upon this point is possible, and that the difficulties which lie between are by no means insurmountable.

HISTORICAL RÉSUMÉ.

In the earliest ages of our legal system, none but the most outrageous cases of insanity were recognized as pleas in defense, and what the law required was proof that the accused was in point of mind and intelligence on a level with the beasts of the field. This narrow view—which Maudsley calls "the wild beast theory"—lasted without contention until the time of Lord Hale, in the seventeenth century. A full extract from Hale will be found in Appendix A. Briefly, it may be said that he recognized what he termed "*total insanity*" and "*partial insanity*," holding, however, that this latter was no excuse for crime. Hence "the wild beast theory" still obtained in the law courts, and we find Mr. Justice Tracey, on Arnold's trial in 1723, saying:

"It is not every kind of frantic humor or something unaccountable in a man's actions that points him out to be such a madman as is exempted from punishment; it must be a man that is totally deprived of his understanding and memory and doth not know what he is doing no more than an infant, than a brute, or a wild beast; such a one is never the object of punishment."

Again, on the trial of Lord Ferrer in 1730 before the House of Lords for having killed his valet, evidence was given to support the defense of insanity, but the Lords threw out the greater part

of it. They held that the great test of insanity was the conduct of the party in the common affairs of life; they said that in the case before them all the acts of the accused were consistent with sanity; they rejected medical evidence framed upon a moral theory of hypothetical insanity, holding that insanity in a legal sense was not a moral question, but a practical question to be proved or disproved by the testimony of persons who had known and dealt with the party prior to the act.

The next case worthy of mention is that of Hadfield, who, in 1800, was tried for having shot at the King. Hadfield had a delusion that he was Jesus Christ, and that he would, by his death, redeem the world. He knew suicide was wrong, so he would not kill himself; yet, knowing that the act would be a crime, he shot at the King in order that he might be executed. Here the accused knew that his act was legally wrong, but to him it was morally right. He was acquitted, but his acquittal is held to have been due solely to the eloquence of his counsel, Erskine.

The first recorded judicial departure from "the wild beast theory" was made by Chief Justice Mansfield in 1812, on the trial of Bellingham. In this case the prisoner had well marked delusions, and we find that in the course of the trial there was introduced the doctrine of right and wrong in the abstract. To use the words of the learned Judge:

"If a person were capable in other respects of distinguishing right from wrong, there was no excuse for any act of atrocity which he might commit, if suffering from delusions. It must be proved beyond all doubt that at the time he committed the atrocious act he did not consider murder was a crime against the laws of God and man."

It is important to note that the right and wrong was to be looked at from the moral as well as the legal aspect.

This view was subsequently sent to the jury by other judges, as in Offord's case (5 C. & P., 168), in 1831, but the practice was not uniform. Thus, in Oxford's case (9 C. & P., 525), tried in 1840, we have the Judge telling the jury that—

"If some controlling disease was in truth the acting power within him which he could not resist, he will not be responsible."

It is from 1843 that the present position takes origin in the well known McNaughten case. McNaughten had delusions that Sir Robert Peel and others were blasting his life; accordingly he waited for and shot one of their number, a member of parlia-

ment, named Drummond. On his trial the jury, by direction of the Judge, found him insane; thereupon the House of Lords put to the Judges a series of hypothetical questions. The answers given thereto have as a matter of practice ever since been almost universally applied to the defense of insanity in criminal trials in Great Britain and the Colonies, and by the decision of the Full Court in the Colston case (August 6th, 1891), they now constitute the law of Victoria in relation to criminal offenses committed by the insane.

GENERAL REMARKS ON MCNAUGHTEN'S CASE.

The questions and answers are to be found in Appendix B. Let us now enquire into their scope and meaning.

In the first place it will be seen that the "wild beast theory" is not alluded to in the answers; although at one time the law, and unaltered by statute, the theory is passed over in silence. Secondly, no further notice is to be taken of the capacity to know right and wrong in the abstract, and with reference to the moral as well as the legal aspect of the crime, as laid down by Lord Mansfield. The Judges seized on a different test. They expressly discarded in their first answer the immorality of the act, and regarded only the illegality. The question to be left to the jury to determine was this: Was the accused at the time of committing the act of sufficient mental capacity to know the quality and the illegality of the deed?

A little consideration, however, will show that narrow questions were put to the Judges, and were answered in a still narrower manner. Thus the questions referred to "persons suffering from insane delusions" and the Judges were asked the law relating to them.

This was a specific question; the answer dealt with something still more specific, e. g.: "Assuming that your Lordships' inquiries are confined to those persons who *labor under such partial delusions only and are not in other respects insane*, we are of opinion," &c. At this point we pause to ask what is the authoritative meaning of the phrase in italics, and also what is the legal definition of the word "insane" used therein.

As a matter of experience, the medical profession will be found denying that madmen exist who "labor under partial delusions only, and are not in other respects insane," but admitting, for the sake of argument, that they do exist, let us examine the line of

reasoning contained in these answers. The Judges have clearly taken the following view: If a man has a delusion and is not otherwise insane, he should for any act based on the delusion be placed in the same position as if his delusion were an actual fact. Thus, say a madman has a delusion that some particular person owes him five pounds; according to the Judges, he should act as if he were owed the money; his clear duty is to seek to recover the money by civil process; if he physically injure the supposed debtor, the law holds him fully responsible. "Here," as Maudsley says, "is an unhesitating assumption that a man having an insane delusion has the power to think and act in regard to it *reasonably*; he is bound to be reasonable in his unreason, sane in his insanity."

Let us illustrate the falseness of this assumption by an analogous process. In the digestion of food there are several organs of the body concerned, each with its special functions; to each we can and do allot its physiological worth. But though each organ has thus its assigned task, we find that disease of one organ will always cause some functional, if not organic, change in the others. Now the brain, by means of its various parts, carries on certain processes which terminate in various acts; part of the result is seen in the conduct of the individual. Can any one deny to the intricate functions of the brain an essential inter-dependence such as exists admittedly in the much less complex act of digestion? A moment's thought will enable any one to see that the assumption made by the Judges in their answers, to the effect that the influence of one diseased mental function can be eliminated, while the remaining functions act as in health, is completely without warrant.

Again, the law presumes that a madman, if he knows an act to be wrong, can always refrain from doing it. As a matter of experience, medical men know this theory to be utterly and hopelessly false. Yet the Judge, as in the old trials for witchcraft, sends to the jury a false theory; the jury act thereon; the Judge tells the executive that the prisoner had a fair trial; the law takes its course, and the case is used to prop up the false theory on subsequent trials. *Vires acquirit eundo.*

Further, the answers in McNaughten's case have, in our opinion, been too widely applied by their extension to every defense of insanity. Judges, looking apparently only to answers II and III, have not kept in mind the essentially limited nature of the case

on which there arose the necessity to put the questions. Nor have they sufficiently borne in mind the extremely limited applicability of the replies. Granted, said the Judges, the existence of a certain state (delusional insanity), this is the law touching the responsibility for acts done under the influence of delusions. But medical science interprets delusions to connote disease of the brain. The law thus applies a metaphysical test to determine the responsibility of those whom science states to be physically diseased. Most judges, however, forgetting the important supposition in the questions and answers, apply their metaphysical test even where there is not the slightest evidence of such physical disease forthcoming. Often the defense of insanity rests solely on the nature of the deed; yet the Court allows such a plea, and at once applies the test of responsibility given in *McNaughten's* case, apparently not seeing that there may be no evidence of insanity to which to apply the test. An act of violence may be the result, it is seldom the proof, of mental disease.

An analogous case will make this clear. A man is injured by falling in a street; he brings an action against the town council, before his case can go to the jury he must prove certain facts amounting to negligence against the council; these facts being placed in evidence, the Court will tell the jury what is the law of the land in relation to the kind of negligence which the jury may find existed. Unless the plaintiff furnish to the Court external facts to work on, the Court will not send his case to the jury. The mere fact that he sustained injuries by falling in a street may be the result, it is not the proof, of negligence. He must prove certain other facts. So it should be with the rules laid down in *McNaughten's* case. Before the jury, by direction of the Judge, apply the legal test therein, there should be satisfactory evidence that the person accused may be suffering from insane delusions. As in negligence, so in insanity, the Judge should have extraneous facts on which to place the law; as in negligence, so in insanity, the Judge should be able to say that there is no evidence to go to the jury. Where a prisoner has acted, not under the duress of a diseased mind or insane delusion, but from motives of anger, revenge or other passion, he should not be allowed any claim to be shielded from punishment for crime on the ground of insanity.

McNaughten's case is not a test of insanity. It furnishes a legal test for the responsibility of persons who labor under partial

delusions only (whatever that means) and are not in other respects insane. The answers should, we think, be applied only where there is evidence of delusional insanity. It is, we know, a belief among lawyers as a class that there can be no insanity without delusion; many instances of this belief might be given; two will suffice. First, "It is difficult to see how to establish a plea of insanity with total absence of delusion." (Reg. vs. Layton, 1849, 4 Cox, C. C.) And secondly, in Reg. vs. Townley, 3 F. & F., 839, we read, "What the law meant by an insane man was a man who acted under delusions and supposed a state of things to exist which did not exist and acted thereon." If this be the law, why is it that the Judge repeatedly sends the defense of insanity to the jury and asks them to apply the legal test when there is no evidence of delusion?

That insanity can exist without delusion is a fact, any legal theory to the contrary notwithstanding. The law has no more right to dispute this fact than it has to repudiate the theory of the circulation of the blood, or the mutual attractions of the sun and planets. We would, therefore, ask this question, which is the converse of McNaughten's case—What is the law respecting alleged crimes committed by persons not afflicted with insane delusions, but who are in other respects insane?

LEGAL CRITICISM.

Insanity is, in the eyes of the law, a state of conduct, not a disease of mind or body. This was fully pointed out by the House of Lords on March 11th, 1862, when their Lordships said that the introduction of medical opinions and medical theories proceeded on the vicious principle of considering insanity as a disease. The criminal law does not deal with truth (Sir James Stephen); it is a practical system for the existing state of society, and certain assumptions are considered necessary for the welfare of society. One assumption is that knowledge is inferred from the capacity to have the knowledge; hence a person in a position to know a thing must be taken to know it. Every person also is presumed to intend the natural consequences of his acts; in every unlawful act, malice is inferred. With motives, strictly speaking, the law has nothing to do. The object of the criminal law is to induce persons, sane or insane, to control themselves in certain ways. This it can only do by making the escape of the wrongdoer as difficult as possible.

Where a criminal offense is proved against a prisoner, and he seeks to escape punishment on the ground of insanity, the law treats him with no lenient hand; every presumption is against him; he must prove his irresponsibility beyond any doubt. If the jury are in doubt, and if the crime be proved, it is the duty of the jury to convict. The question for the jury is not whether the prisoner was of sound mind, but whether he has made out to their satisfaction that he was of unsound mind. The proof of a positive condition is placed on the prisoner. And such proof should and does rightly press heavily on him.

"The delusions," said a learned Judge, "which indicate a defect of sanity," such as will relieve a person from criminal responsibility are delusions of the senses or such as relate to facts or objects—not mere wrong notions or impressions or of a moral nature. The aberration must be mental, not moral, to affect the intellect of the individual. It is not enough that they show disease or a depraved state of mind or an aberration of the moral feelings, the sense of right and wrong being still, although it may be perverted, yet not destroyed; and the theory of a moral insanity, or insanity of the moral feelings, while the sense of right and wrong remains, is not to be reconciled with the legal doctrine on the subject."

Reg. vs. Burton, 3 F. & F., 772.

Seeing that the law is a practical system, the test to be applied when a prisoner seeks to avoid responsibility on the ground of insanity, must be one which can be readily and practically made use of by the average jurymen. The community would never allow the conduct of a criminal case to pass into the hands of medical scientists. The continual warfare that rages between medical men and lawyers as to the plea of "irresistible impulse" shows the danger which the law fears if it allows any alteration. The plea of impulsive insanity in which medical men, as a matter of experience, thoroughly believe, would, if allowed the position of a legal theory, be used, the law considers, to excuse all crimes for which no adequate motives are apparent. Until medical men are able to draw a distinction between "irresistible impulses" and "unresisted impulses" no legal sanction can therefore be given to this doctrine. Never has the legal reason for the existing state of the law been more urgently put than by Rolfe, B., in the case of Regina vs. Allnutt:

"The witnesses called by the defense had described the prisoner as acting from uncontrollable impulse, and they had made other statements of the value of which it would be for the jury to decide; but he must say that it

was his opinion that such evidence ought to be scanned by juries with very great jealousy and suspicion, because it might tend to the justification of every crime that was committed. What was the meaning of not being able to resist an impulse? Every crime was committed under an impulse, and the object of the law was to compel persons to control or resist these impulses. If it was made an excuse for a person who had committed a crime that he had been goaded to it by some impulse which medical men might choose to say *he could not control*, such a doctrine would be fraught with very great danger to society."

Again, in *Regina vs. Southey*, 4 F. & F., 864, the following remarks by the Judge are to be found:

"The jury must not give themselves up to such testimony, but must exercise their own sense and judgment upon it; some medical men had theories about insanity which if applied generally would be fatal to society. Life could not go on if men who did great crimes were to be deemed insane upon these theories. The standard of sense of responsibility they would put was far too high for human life and human society."

Sometimes, however, the Court is compelled by the logic of facts to recognize the medical doctrine that there are irresistible impulses which characterize humanity. Thus in 1872 at the Lewes Summer Assizes a prisoner was indicted for the murder of a child whose throat he had deliberately cut; there was no apparent motive; his character was previously irreproachable; there was no evidence of intellectual disorder. In this case *Martin, B.*, is reported to have said:

"Under such circumstances it was for the jury to consider whether it would be safe to convict the prisoner of murder. When such impulses come upon men according to the medical evidence they were unable to resist them. It would be safe in such a case to acquit the accused on the ground of insanity."

The prisoner was accordingly acquitted.

Many cases could be quoted showing the varying and contradictory positions taken up by able and learned Judges in their directions to the jury, but we will be content with citing the latest relevant English case, tried only last month,—the *Leamington paricide*. Mr. Justice Wright took the following line in his summing up. He said:

"That many, if not all, criminals belonged to the nervous type, to which also did lunatics, but this was no reason for excusing criminals, though many criminals with insane tendencies might be aware of the nature of the act they committed, it was not enough to show that an insane criminal was aware of this to enable one to say that he was responsible; that in fact, as in this case, a madman might fully recognize that using a revolver

might kill a man, and that for killing another one might be hanged; yet the person shooting might be irresponsible, for in one case he might not be able to resist an impulse, and in another, such as the one under consideration, he might believe he was not doing harm. In fact, if a man's act was the direct outcome of an insane delusion, he ought not to be held responsible for the act. He further pointed out that premeditation and deliberation had nothing to do with the matter."

In the light of this summing up, it is evident that in English law at least, *McNaughten's* case is not universally applied or accepted. But though English judges may thus vary in their charges to the jury, in Victoria, by the decision of the Full Court, there must now be applied to every defense of insanity one, and only one, test.

To resume, the community must, it is evident, protect itself by its own methods. The verdict of a lay jury seems to be the only practical method of enforcing such protection, and the tests to be given to the jury must be tests easy to understand and to apply. The law cannot change with every advance of science, but at the same time it should not rigorously adhere to past mistakes which science universally declares to be wrong. But to alter the law based on such mistakes, legislation is necessary,—unless the present theory be quietly superseded as "the wild beast theory" was—and such legislation can only be passed by the representatives of the people in Parliament assembled. Until the community demands and obtains such legislation, the only course open to the Criminal Courts is to continue present methods and theories, no matter how false they may apparently be. Life and property must be protected, and any case where the legal principle has obviously pressed too heavily must be left in the hands of the executive.

The law, we have seen, looks to the conduct of the individual, and pays no attention to the physical basis of insanity. This attitude places the courts in a difficulty with regard to alcoholism. Most medical men would say that if a man takes too much alcohol and commits a crime while under its influence, he should not, under any conditions, be allowed to plead his own default as a defense. Up to a certain point the English law agrees with this view; but if the drunkenness be acute, and if it has so affected his mind that he is incapable of distinguishing the wrongful nature of the act, he is thereby exonerated. A man who under the influence of *delirium tremens* commits a crime is excused, and is at per-

fect liberty to continue his drinking bouts and commit more crimes. But were the law to exact a physical condition of disease to which to apply the legal tests of responsibility, no man could plead his own default as a defense. Every man would know that if he wilfully took too much alcohol or other stimulant, his self-induced condition would afford no excuse for any acts he might commit.

The decisions of some of the American States on the responsibility of drunken persons are perfectly in accord with medical views. Thus it has been held that no degree of intoxication will excuse a criminal act. It is otherwise in respect of mental unsoundness produced by drunkenness and remaining after intoxication has ceased. (*Beasley vs. State*, 50 Alab., 149). Also in *Shannahan vs. Commonwealth*, 8 Bush. (Ky.), 413, the Court held that a man who wilfully became drunk was in the same position with regard to his criminal acts as a sober man.

The most apparent difficulty in connection with the legal aspect of insanity, however, occurs in cases of puerperal mania. In most of these cases the woman is aware of the quality of her act, and of its immorality and illegality. She will often tell the medical attendant and others that at the time of the deed she knew she was doing wrong, but she could not help it. The puerperal state is however, so well known, even to lawyers, that a legal way must be found out of the difficulty without interfering with the cherished legal test. This was accomplished in a recent Victorian case by His Honor the Chief Justice in his charge to the jury, saying:

"The attention of the jury has been drawn to the fact that there was evidence that she said she knew what she was doing and that it was wrong. The jury would be at perfect liberty to question whether she gave a truthful account of her actions."

This legal fiction that a puerperal woman may not know what she is doing when she is committing her unnatural act, is completely wrong: experience teaches medical men that she does know.

The verdict of "not guilty on the ground of insanity" is in these and similar cases the outcome of sentiment, and not of a strict application of the legal tests. The capacity to know that some atrocious act is wrong is not a high intellectual test, and it often happens that insane persons in committing the act display an amount of intelligence—which is far more than the amount

required to know the nature and criminality of the act. Which for instance, requires a higher intellectually capacity to be able to read and understand a Police Court summons issued by a neighbor, to secretly buy dynamite and gain access to that neighbor's house at two o'clock in the morning and there injure a particular person by exploding the dynamite; or to know that it would be wrong to thus injure the person? Undoubtedly the former. Yet recently a Victorian jury by their verdict found the latter capacity absent, though the higher capacity actually existed. The prisoner was without doubt insane and yet by strict application of *McNaughten's* case she must have been held responsible. But so long as the Judge whilst narrowing down the deliberations of the jury by giving them the legal test to apply to the case, does not lay his usual stress thereon, so long will juries break away when the legal theory is palpably opposed to the facts in evidence.

It is, however, in the finely balanced cases that difficulties most arise. Whether a man is insane, and whether his insanity causes his conduct, are purely matters of fact, though sometimes extremely hard to determine. These questions should be for the jury, not for the judge; but the latter is at present compelled to add to the difficulties of fact by putting before the jury a proposition of law, the authority of which is doubted by many eminent lawyers, the truth of which is completely denied by the whole medical profession. The result in practice often is that the courts charge one way, and the jury, following an alleged higher law of humanity, find another, in harmony with the evidence, acquitting as insane many persons who have destroyed life with a consciousness of the wrongfulness of their acts. Instead, therefore, of the certainty on which the law prides itself, there is too much uncertainty in the application of the legal test, and a perusal of the cases will show that an acquittal on the ground of insanity is too often a mere matter of chance, dependent on the predilections of the Judge or the sentiment of the hour.

Thus it cannot be denied that both test and application are open to legal criticism of a damaging kind. Upon many points, much of what we would wish to say has been so well said by Sir James Stephen (History of the Criminal Law of England, Vol. II, Chapter XIX), that we venture to quote with the added weight of his authority. He reminds the legal profession, first of what the answers really are, viz.: mere answers to questions put probably with-

out warrant, and answered probably without obligation, rather than "a judgment upon definite facts proved by evidence." Further, by assuming a man to be insane in respect to his delusion and to be otherwise sane, they leave untouched the difficulty only, brought forward by medical men, "that a delusion of the kind suggested never, or hardly ever, stands alone, but is in all cases the result of a disease of the brain which interferes more or less with every function of the mind, which falsifies all the emotions, alters in an unaccountable way the natural weight of motives of conduct, weakens the will and sometimes without giving the patient false impressions of external facts, so enfeebles every part of his mind that he sees, and feels, and acts with regard to real things as a sane man does with regard to what he supposes himself to see in a dream." Thirdly, if meant to be exhaustive they deal only with the question of knowledge, and certainly imply that the effect of insanity (if any) upon the emotions and the will is not to be taken into account, though they do not expressly assert this. Fourthly, he notes their ambiguous terminology. Knowledge, he says, like everything else, has its degrees, yet the degree is undefined, and may mean "either illegally or morally wrong." The importance of the difference in definition is strikingly shown in Hadfield's case. To meet these objections, Sir James Stephen takes "wrong" to mean either illegal or morally wrong, and, regarding knowledge and power as the constituent elements in all voluntary action, construes knowledge in its wider sense, as carrying with it the power of self-control. He thus points with no uncertain finger in the direction in which medical science wishes the law to travel, and in which Continental and American jurisprudence (*vide* Appendix "C") has already moved. How much more than unfortunate, then, to find that in this new country the Full Court has decided to follow the narrower interpretation, and to regard insanity even at this day "merely as a possible cause of innocent mistakes as to matters of fact and matters of common knowledge:" thus, for the first time in legal history, restricting in scope, and at the same time making the law of the land an authority, which Sir James Stephen tells us deserves to be "described as in many ways doubtful." As regards confining insanity to matter of intellect, the same Judge speaks as follows:

"The proposition that the effect of disease upon the emotions and the will can never under any circumstances affect the criminality of the acts" of

persons so afflicted, is so surprising, and would, if strictly enforced, have such monstrous consequences, that something more than an implied assertion of it seems necessary before it is admitted to be part of the law of England."

Unfortunately, the decision of the Full Court has made the law of our colony.

MEDICAL CRITICISM.

To the objections thus advanced against the existing declaration of the law, the medical profession adds other serious objections of its own. It finds the legal test the outcome rather of keen legal introspection than of even contemporary science, and unaltered by changes which during the last half century have revolutionized every branch of general as well as medical knowledge. Trying its value by the ascertained facts of mental science, medical men see that the test is based upon a fundamental misconception, in that by dealing with conduct simply as the outcome of intellectual capacity, it ignores the presence and superior power of emotion and volition as factors in the operation of mind. Scientifically considered, the legal test is less than a half test. Nor to us does legal reasoning seem less unsound than legal definition. Looking upon insanity as conduct of a certain character, instead of brain disease which produces such conduct amongst other recognizable results, lawyers seem driven to apply their view of insanity to the particular case somewhat as follows: A sane man acts in certain ways; the accused has acted in some of those ways; therefore the accused is sane. He may be, but this does not prove it. Again, assuming that a sane man acts in certain ways, the law considers that an insane man can never do what it calls sane things. If the law finds him doing such things it is taken as evidence that he is sane. Medically, of course, we know it is evidence which may be of no value. And even in the interpretation of actions in terms of mental states the law necessarily acts without proper knowledge and hence in many instances erroneously. Thus it naturally, but wrongly, assumes that movements of the body which are coördinated have necessarily a mental purpose, when they may be simply reflex, automatic, or sub-conscious; a misconception which it shares with all medical students when first introduced to the problems of cerebro-spinal physiology. For this reason also, that any one is regarded as a judge of actions in their relation to intellectual states, the law claims that the evidence of eye-witnesses

outweighs that of scientific investigators, though cases have often come within its experience showing that relatives, business acquaintances, legal officials, and even general medical practitioners may be in daily contact with undoubted lunatics for a lengthy period without any suspicion on their part that they are dealing with persons of thoroughly unsound mind.

Again, the legal habit of overlooking the physical basis which exists in insanity, and of regarding simply the conduct of the accused, seems responsible for what Sir James Stephen calls "the surprising proposition with such momentous consequences," viz., that the effects of insanity upon the emotions and the will need not be taken into account. For we find that lawyers have utterly misconceived the medical view of the irresistible impulse. Competent medical men do not say that an irresistible impulse is complete evidence of insanity, or even any evidence at all, but they do say that impulses, which in the sane may well be resisted become in the insane too often irresistible. The power of control which is present in a healthy brain is absent in many diseased brains. As Taylor says (Medical Jurisprudence, Vol. II, 558), a lunatic may have the power of *distinguishing* right from wrong, but he may not have the power of *choosing* right from wrong. But lawyers rush to apply this test to the conduct of all accused, instead of to the insane accused only, and having misapplied it, they declare it too dangerous to be made use of in Courts of Law. "If the law allows this doctrine of irresistible impulse to obtain" they say "people would commit crimes, and then say they could not help themselves, they were compelled to commit them." Of course this objection would apply unless the law were to do as medical men would do, viz., limit the use of this defense to those in whom there existed some proof of physical disease of the brain.

Again, the ambiguity which is left as to the meaning of the words "knowing right from wrong," and which the law treats simply as a tacit difficulty, is to many a medical witness a perfect stumbling block. It makes the test a jugglery with words, not a matter in which scientific accuracy can be used to assist a jury in difficulties of fact. As well ask a chemist to analyze with variable re-agents as to expect scientific conclusions under such circumstances. For knowledge may be simply an instantaneous mental photograph, or a thoroughly well recognized, because often registered, impression, in touch with emotion and under control, whilst

wrong may be not only legal or moral wrong, but the point of view in the latter case may be as varied as the points of the compass. And yet in any given case who knows what values are being attached to the words used, and whether judge, jury, prosecution, or defense at any time mean anything like the same thing? True a man's life or liberty is at stake, but it is only that of a man whom the Crown has undertaken to prove guilty. Again, a decided and definite answer in time is asked to this metaphysical conundrum: Had the accused the capacity of knowing the nature of his act at the moment of committing the crime? though in any case nothing but an approximate answer is possible; and yet, with a refinement of cruelty, the prisoner has to prove his insanity under these conditions, and remains in law sane and responsible unless and until that decided and definite answer is forthcoming to the satisfaction of the law.

It is apparently also because the law regards question as one of conduct that we hear so much of the deterrent effect of the legal test by the wholesome application of its stringency. But such an argument pre-supposes that one can accurately reason from punishments that do influence the sane to punishments that may influence the insane. Not only must this argument fail on a *priori* reasoning, but it is not borne out by facts. To quote a single conclusive instance. On the very night that the notorious Deeming was being condemned to death in the Criminal Court, a woman, since found to be insane, was deliberately plotting and carrying out a scheme of murderous assault in revenge for some trivial and half-fancied insults. If the law wishes to deter insane persons from acting on their delusions and impulses, it should adopt the most deterrent punishment, and to those who have had actual experience in the treatment of the insane, no punishment, not even summary hanging, can in the rare cases in which the madman fears any punishment at all, compare with incarceration for life in the refractory or criminal ward of a lunatic asylum.

SUMMARY.

We are able to say, with complete confidence and earnest sincerity, that the legal test for the irresponsibility of the insane is wrong in theory, false in fact, cruel in its metaphysical conception, and unreliable in its practical application. If, however, the law, admitting its errors, asks medical men to supply some new test of irresponsibility capable of general application, it is asking an im-

possibility. Insanity is not a result of metaphysical definition; it is a matter of physical brain disease. There is no single test of insanity; there can be no single test for the irresponsibility of the insane. Some insane are responsible for certain, if not all of their criminal acts; others are completely irresponsible, and there are gradations of responsibility varying with the nature of the act and the state of the insane person. Every case must be considered by its own facts. As well might a medical man ask the law to lay down the test for typhoid fever when an area is declared infected and when all cases occurring therein must be reported under penalty of a fine.

"The falseness of the legal position," says Maudsley, "will appear at once if we suppose a case of poisoning instead of a case of mental derangement. What would be thought of a judge who, when medical evidence of poisoning was given, should instruct the jury as a principle of law that they must be governed in their verdict by the presence or absence of a particular symptom.

If the tests of insanity are matters of law the practice of allowing experts to testify what they are should be discontinued; if they are matters of fact the judge should no longer testify without being sworn as a witness, and showing himself qualified to testify as an expert."

Judge Doe, *State of New Hampshire vs. Pike*.

"But, in truth, the tests of insanity are no more matters of law than are the tests of a poison or the symptoms of a disease.

If a jury were instructed that certain manifestations were symptoms or tests of consumption, cholera, congestion or poison, a verdict rendered in accordance with such instructions would be set aside, not because they were not correct, but because the question of their correctness was one of fact to be determined by the jury upon evidence."

Boardman vs. Woodman, *State of New Hampshire*.

Dispassionate thought must convince anyone that there can be no single test for the irresponsibility of the insane. The absence of a knowledge of right and wrong, the inability to control one's impulses, the want of design in planning some act, the lack of cunning in escaping from justice, the failure to recognize acquaintances, the unfitness to transact business—not one of these is a sure test. All tests of insanity and of irresponsibility therefrom are purely matters of fact which should in each case be determined by the jury, and not laid down by the Court.

LEGAL PROCEDURE AND MEDICAL EVIDENCE.

Many of the present unsatisfactory results in dealing with cases of insanity must be ascribed to the legal procedure adopted. So long

as any medical man can enter the witness box and, after stating that he is legally qualified proceed to give any opinion he thinks fit, so long will the dissatisfaction continue. At present the Court allows any medical man to appear before it, but has no recognized means of properly weighing his testimony and views. So many considerations enter into the question of a medical man's capacity to form opinions and to give evidence, that it would be invidious and perhaps impossible to lay down any fixed qualifications for an expert witness. But reform can be urged in the direction of the appointment of medical assessors to assist the Court either by giving evidence on oath during the case, or else by stating from the bench what conclusions the jury might reasonably draw from the medical facts in evidence. The Judge at present tells the jury what conclusions they may draw from the whole evidence; surely a medical assessor might be allowed to tell the Court what scientific conclusions it would or would not be safe to draw from the medical evidence. It may be said that the jury would often ignore the medical assessor; doubtless they would, but they would have before them every opportunity of forming correct verdicts. Too often as it is juries pointedly disregard the direction of the Judge, but no one would think for that reason that judges or juries are not required. As a matter of fact medical opinions are not uncommonly advanced which are completely opposed to all established medical beliefs, and the Court has no means of determining their value. And considering that in the Marine Court nautical assessors have been appointed who aid the presiding magistrate; that in patent cases an assessor can be and often is called on under the Act to assist the Court, and that in the Supreme Court Act, section 172, the Judge can, under certain conditions, obtain expert opinions, it is not asking too much that in matters of life and death or of liberty the criminal Courts should be placed in the best position wherein to judge of the absolute and relative value of evidence.

Again, the presentation of the medical evidence is frequently unsatisfactory, partly from the difficulties of the situation, but still more from the manner in which it is obtained. For in the "trial by combat" which a legal case still remains, the medical evidence is treated by counsel pro and con entirely from the party point of view. The examining barrister takes what he wants and no more; the cross-examiner seeks to elicit just that portion which suits his brief. And the result is that it is rare indeed that the medical

witness is satisfied with his evidence, or that its presentation is otherwise than unnecessarily blurred and distorted.

Stress must be laid on the unwarranted manner in which both judge and counsel too frequently deprecate the value of the medical evidence. Although the law has by metaphysical speculation evolved the present legal test from its own inner consciousness, the initial attitude of the Court towards medical witnesses is too often that of the learned Judge who in his charge to the jury spoke as follow:

"Learned speculators have laid it down that men with the consciousness they were doing wrong were irresistibly impelled to commit some unlawful act. But who enabled them to dive into the human heart and see the real motive that prompted the commission or such deeds?"

Reg. vs. Stokes, C. & P., 185.

It is true that medical men, being human, are liable to errors of judgment and differences of opinion, and there are no grounds for wonder, especially under the circumstances if their evidence is often more or less contradictory. But lawyers exist as a class only because they see differences in the same occurrences, and judges are found frequently disagreeing upon points apparently less recalcitrant than the mental state of an alleged lunatic. Thus in *King vs. The Victorian Railway Commissioners* three judges had to decide the comparatively simple question—"Is the putting of the head out of the window of a railway carriage in motion a reasonable use of the carriage? with the result that two said Yes, and one said No. Again, four judges dealt with the filing of a bill of sale in *Danby vs. The Australian Finance and Guarantee Company*. That the bill was good three judges hold, one for reason (a), one for reason (b), and one for reason (c), each seeing nothing in the reasons of the others, whilst the fourth judge held that the bill was bad, none of the reasons being in his opinion satisfactory. An other instance even more suggestive is that of *Vagliano vs. The Bank of England*. After passing through two Courts in favor of Vagliano the case was decided by the House of Lords in favor of the Bank by six to two, no two of the majority agreeing as to their reasons. Despite this conclusion, we find on counting heads in all the Courts that Vagliano had eight judges in favor, and seven against him. Yet he lost his case. We do not adduce these instances of differences of opinion even in the seat of authority for any purpose of deprecation or undue magnification, but because owing to

unfair legal usage it has become necessary to show that there is as much reason to say "Don't attach any weight to the presiding Judge's "opinion" as to say "A mere doctor's opinion worth nothing," and yet whilst the former is a mistake into which medical men never fall, the latter is an unfairness of which the Court frequently avails itself. In each case the proper course is to give the opinion the value which it deserves, and if in the case of the Judge it is the law which has to be unfolded, it must not be forgotten that in the case of the medical witness it is the scientific *status in quo* which he has to portray.

SPECIAL DISABILITIES IN VICTORIA.

Unfortunately, we in Victoria labor under disadvantages peculiar to the colony. It has been already shown how the decision of the Full Court in the Colston case has made the law in reference to insanity far more restricted than it is in any other part of the Empire. In addition, we have to complain of unfairness.

It is, of course, only right that the prosecution should have all the time, money, and opportunities necessary to the proper presentation of their case. It may also be conceded that there are reasons more or less strong why the defense should at times work through legal opposition and emptiness of pocket as well as public odium. But is there any excuse for absolute unfairness? And yet, to quote from what occurred in the Colston case,—

"The Crown may and does examine the accused when and how it chooses, and the opinions, &c., so obtained may be and are used against him, whilst his own medical witnesses are not allowed any such privileges, and are even unrepresented whilst important evidence is being obtained."

"Australian Medical Journal," 1st December, 1891.

Again, the Court has acted as if it were sufficient for the law to be, as the Judge said on a recent memorable occasion, "swift and sure, even at the expense of uncertainty." Thus the medical witnesses for the defense in the case referred to, (that of Deeming), felt themselves constrained to complain to the *British Medical Journal* that the trial had been too hasty for a proper judgment.

"Not unnaturally, we were not prepared to go into the witness box on the morning following our last examination and give an expert opinion upon such a case, especially since, in addition to the statements of the prisoner, we had found on him signs of blows upon the head with more or less depression, a seton mark at the back of the neck, and large syphilitic scars upon the limbs and trunk. In addition, his eyes had not been

thoroughly examined by anybody, and in reply to our enquiry we had received a telegram from the governor of the Sydney Gaol to the effect that the accused had been treated in the gaol hospital for epileptic fits, whilst his extreme restlessness was a notorious fact, and there was no evidence of alcoholic excess. Further, his statement as to the presence of lunacy in the family, and his apparent hallucination as to the appearance of his mother had already been verified by cable in a remarkable manner. We therefore asked for an adjournment, and from the importance and intricacy of the case went to the extent of declining to give evidence if a postponement were refused. Despite this, the strongest protest that we could make, the trial was proceeded with, and we were compelled upon subpœna to give such evidence as we had collected."

In the Colston case, where the Crown medical witnesses wished for delay for purposes of further investigation, the defense readily applied for such delay by arrangement; yet in the Deeming case, where the defense had at least equal reasons for being unprepared to proceed, the prosecution strenuously and successfully opposed any adjournment.

Lastly, the Crown has, for the present at all events, extinguished the possibility of any scientific verification in cases of dispute. So long as a post-mortem examination was permitted, so long could the medical witnesses *pro* and *con* be brought face to face with their diagnoses, in the way considered satisfactory in other cases of disputed opinion, and science gained whoever was right or wrong. But in our two most recent cases of disputed insanity, the Crown has altered the previous custom and peremptorily declined to allow such examination. The Crown witnesses, who know full well the attitude and weight of the Crown, and who already have everything in their favor, are thus practically told: "Whomsoever you declare to be sane shall never be found post-mortem to have anything the matter with his brain," whilst science, which has found a distinct connection between insanity and brain disease, is thus denied the means of collating facts upon which to build the fuller science of the future.

CONCLUSIONS.

Matters being thus eminently unsatisfactory from every point of view, the practical question remains: Is reform possible? This paper concludes with an attempt to show that something can be done, and to suggest ways and means.

A very great improvement in the presentation and valuation of the medical evidence, can be effected by adopting the procedure already suggested.

Dealing with the all-important questions of standpoint and definition, we would urge that in every case the existence of insanity and of irresponsibility arising therefrom should be matters of fact for the jury. At present the law by its test prevents material evidence upon both those points from being properly considered by the jury. Instead of regarding insanity as a matter of conduct the only practical way of dealing with it, in our opinion, is to look upon it as a disease of the brain. And defining it for legal purposes as "a disease of the brain, affecting the intellect, the emotions and the will, not immediately induced by the default of the individual." There would then be two questions of fact for the jury to determine:

1. Has the accused such disease?
2. Is the crime the outcome of that disease?

By such procedure all material evidence might be considered by the jury, the law would lose nothing which it should conserve, and at the same time it would come into harmony with legal advance in other countries and with medical science throughout the world.

The two questions suggested are in themselves simple, and such as any jury can readily understand and apply. Any difficulties that may arise will be due to the intricacies of the particular case. Not only are the questions simple but they are essentially the questions which should be determined in relation to the alleged crime. For it must be admitted that an insane person may commit a criminal act which is in no apparent way the outcome of his diseased mental functions; such a one would however, be still held responsible for the legal presumption that every man is both sane and responsible until the contrary be proved to the satisfaction of the jury remains as strong as ever. Again the present procedure of applying a false metaphysical test of irresponsibility to the accused's conduct would no longer be allowed; facts indicating insanity as a disease would have to be in evidence before the jury could consider the question of responsibility at all. Further, the doctrine of the irresistible impulse, on which, as we have shown, even Judges sometimes seize could be applied only to those cases of actual insanity of which in the opinion of the jury it was the characteristic feature. From a medical point of view also in each case, instead of the testimony being directed to prove insanity (a very wide term) the symptoms and characteristics of the particular brain disease from which the accused was alleged to be suf-

fering would have to be put before the Court, and this, by restricting the scope of medical enquiry and legal examination, would render more accurate the evidence adduced.

In addition, judges and juries would be free from the difficulties in which they at present find themselves when called upon to deal with such cases as puerperal mania and the like, wherein both recognize that the accused was palpably insane when committing the act, although aware of its nature and illegality.

That mistakes would occasionally occur even under these altered conditions is not disputed, since error is inseparable from human procedure, but they would be mistakes due to unavoidable misinterpretation of facts, not to false theories embodied in legal propositions.

APPENDIX A.—EXTRACT FROM HALE.

Hale divided irresponsibility into that of infants and of those *non compos*; if infants the question is whether they can discern good from evil.

Lunacy he deals with under two heads—Idiocy and Dementia accidental or adventitia. The latter he says proceeds from several causes, sometimes from the temper of the humors of the body, as deep melancholy or choler, sometimes from disease as fever or palsy, sometimes from concussion or hurt of the brain, and as it comes from several causes so it is of several kinds or degrees which may be thus distributed—

1. Partial insanity of the mind.
2. Total insanity.

The former is either in respect of things *quoad hoc vel illud insaneri*; some persons would have a potent use of reason in respect of some subjects, yet are under a partial delusion in respect of some particular discourse subjects, or else it is partial in respect of degree, and this is the condition of very many especially melancholy persons, who for the main part discover their defect in excessive fears and griefs and are yet not wholly destitute of reason.

This partial insanity seems not to excuse them in the committing of any offense; for doubtless most persons that are felons are under a degree of partial insanity when they commit these offenses. It is very difficult to define the invisible line that divides perfect and partial insanity: but it must rest upon circumstances duly to be weighed by the judge and jury; lest on the one side there be a kind of inhumanity towards the defects of human nature, or on the other side too great an indulgence given to great crimes. The best measure I can think of is this; such person as is laboring under melancholy distempers yet hath ordinarily as great understanding as ordinarily a child of fourteen hath, is such a person as may be guilty of treason or felony.

Accidental dementia whether total or partial is distinguished into that which is permanent and fixed and that which is interrupted by certain periods and vicissitudes: the former is madness, the other is lunacy. As

for lunatics their responsibility varies with the measure or degree of their distemper.

As to criminals these dementes are both in the same rank; if they are totally deprived of the use of reason they cannot be guilty ordinarily of capital offenses, for they have not the use of understanding and are not responsible creatures.

Hence according to Hale, total loss of reason must be proved for a defense.

APPENDIX B.—MCNAUGHTEN'S CASE.

Question I. What is the law respecting alleged crimes committed by persons afflicted with insane delusions in respect of one or more particular subjects or persons, as for instance, where at the time of the commission of the alleged crime the accused knew he was acting contrary to law but did the act complained of with a view, under the influence of insane delusion, of redressing or revenging some supposed grievance or injury or of producing some supposed public benefit?

Answer I. Assuming that your Lordships' inquiries are confined to those persons who labor under such partial delusions only and are not in other respects insane, we are of opinion that notwithstanding the accused did the act complained of with a view under the influence of insane delusion of redressing or avenging some supposed grievance or injury or of producing some public benefit, he is nevertheless punishable according to the nature of the crime committed, if he knew at the time of committing such crime that he was acting contrary to law, by which expression we understand your Lordships to mean the law of the land.

Question II. What are the proper questions to be submitted to the jury when a person, afflicted with insane delusions respecting one or more particular subjects or persons, is charged with the commission of a crime (murder for instance) and insanity is set up as a defense.

Question III. In what terms ought the question to be left to the jury as to the prisoner's state of mind at the time the act was committed?

Answers II and III. As these two questions appear to us to be more conveniently answered together, we submit our opinion to be, that the jury ought to be told in all cases that every man is presumed to be sane and to possess a sufficient degree of reason to be responsible for his crime until the contrary be proved to their satisfaction. That to establish a defense on the grounds of insanity it must be clearly proved that at the time of committing the act the accused was laboring under such a defect of reason from disease of the mind as not to know the nature and quality of the act he was doing, or if he did know it, that he did not know that he was doing what was wrong. The mode of putting the latter part of the question to the jury on these occasions has generally been whether the accused at the time of doing the act knew the difference between right and wrong; which mode though rarely, if ever leading to any mistake with the jury, is not, we conceive, so accurate when put generally, and in the abstract, as when put with reference to the party's knowledge of right and wrong in respect to the very act with which he is charged. If the question were to be put as to the knowledge of the accused solely and exclusively with reference to

the law of the land, it might tend to confound the jury, by inducing them to believe that an actual knowledge of the law of the land was essential in order to lead to a conviction; whereas the law is administered on the principle that every one must be taken exclusively to know it, without proof that he does know it. If the accused was conscious that the act was one which he ought not to do, and if that act was at the same time contrary to the law of the land, he is punishable and the usual course therefore, has been to leave the question to the jury, whether the accused had a sufficient degree of reason to know he was doing an act that was wrong; and this course, we think, is correct; accompanied with such observations and corrections as the circumstances of each particular case may require.

Question IV. If a person under an insane delusion as to existing facts commits an offense in consequence thereof, is he thereby excused?

Answer IV. The answer must of course depend upon the nature of the delusion, but making the same assumption as we did before, namely that he labors under such partial delusion and is not in other respects insane, we think he must be considered in the same situation as if the facts with respect to which the delusions exist were real. For example, if under the influence of his delusion he supposes another man to be in the act of attempting to take away his life and he kills that man, as he supposes in self-defense, he would be exempt from punishment. If his delusion was that the deceased had inflicted a serious injury to his character and fortune and he killed him in revenge for such supposed injury, he would be liable to punishment.

APPENDIX C:—FOREIGN LAW ON INSANITY.

In France the penal code says: There can be no crime nor offense if the accused was in a state of madness at the time of the act.

In Germany the following section, bearing the formulated result of discussions by physicians and lawyers, is included in the penal code—"An act is not punishable when the person at the time of doing it was in a state of unconsciousness or of disease of the mind, by which a free determination of the will was excluded."

In New Hampshire, U. S. A., the English test has been judicially described as "an interference with the provisions of the jury, and the enunciation of a proposition which, in its essence is not law, and which could not in any view be safely given to the jury as a rule for their guidance, because for aught we know it may be false in fact." *State vs. Jones*.

In *Stevens vs. The State of Indiana*, the instruction to the jury to apply *McNaughten's* case was held to be erroneous.

In the *State of New Hampshire vs. Jones*, 50 N. H., 369, IX., 242, Judge Ladd thus alludes to *McNaughten's* case:

"The doctrine thus promulgated as law has found its way into the text books, and has doubtless been largely received as the enunciation of a sound legal principle since that day. Yet it is probable that no ingenious student of the law ever read it for the first time without being shocked by its exquisite inhumanity. It practically holds a man confessed to be insane accountable for the exercise of the same reason, judgment, and controlling mental power

that is required in perfect mental health. It is, in effect, saying to the jury, the prisoner was mad when he committed the act, but he did not use sufficient reason in his madness. He killed a man because, under an insane delusion, he falsely believed the man had done him a great wrong, which was giving rein to a motive of revenge, and the act is murder. If he had killed a man only because, under an insane delusion, he falsely believed the man would kill him if he did not do so, that would have been giving the rein to an instinct of self-preservation, and would not be crime. It is true in words the judges attempt to guard against a consequence so shocking as that a man may be punished for an act which is purely the offspring and product of insanity, by introducing the qualifying phrase, "and is not in other respects insane." That is, if insanity produces the false belief, which is the prime cause of the act, but goes no further, then the accused is to be judged according to the character of motives which are presumed to spring up out of that part of the mind which has not been reached or affected by the delusion or the disease. This is very refined. It may be that mental disease sometimes takes a shape to meet the provisions of this ingenious formula; or, if no such case has ever existed, it is doubtless within the scope of Omnipotent power hereafter to strike with disease some human mind in such peculiar manner that the conditions will be fulfilled; and when that is done, when it is certainly known that such a case has arisen, the rule may be applied without punishing a man for disease. That is, when we can certainly know that although the false belief on which the prisoner acted was the product of mental disease, still that the mind was in no other way impaired or affected, and that the motive to the act did certainly take its rise in some portion of the mind that was yet in perfect health, the rule may be applied without any apparent wrong. But it is a rule which can safely be applied in practice that we are seeking. And to say that an act which grows wholly out of an insane belief that some great wrong has been inflicted, is at the same time produced by a spirit of revenge springing from some portion or corner of the mind that has not been reached by the disease, is laying down a pathological and psychological fact which no human intelligence can ever know to be true, and which, if it were true, would not be law, but pure matter of fact. No such distinction ever can or ever will be drawn into practice; and the absurdity as well as the inhumanity of the rule seems to me sufficiently apparent without further comment. It is a question of fact what that test is, if any there be."

The following extracts from the *State of Alabama vs. Parsons*, LX, American Reports, 193, are well worthy of note:

The result is that the right and wrong test as it is sometimes called, which, it must be remembered, itself originated with the medical profession in the mere dawn of the scientific knowledge of insanity, has been condemned by the great current of modern medical authorities who believe it to be founded on an ignorant and imperfect view of the disease.

The question then presented seems to be whether an old rule of legal responsibility should be adhered to, based on theories of physicians promulgated a hundred years ago which refuse to recognize any evidence of insanity except the single test of mental capacity to distinguish right and

wrong—or whether courts will recognize as a possible fact, if capable of proof by clear and satisfactory testimony, the doctrine now alleged by those of the medical profession who have made insanity a special subject of investigation that the old test is wrong and that there is no single test by which the existence of the disease to that degree which exempts from punishment can in every case be infallibly detected. The injury must not be unduly obstructed by the doctrine of *stare decisis*, for the life of the common law system and the hope of its permanency consist largely in its power of adaptation to new scientific discoveries and the requirements of an ever advancing civilization. There is inherent in it the vital principle of juridical evolution.

The existence of such a cerebral disease—one which so affects the mind as to subvert the freedom of the will and thereby destroy the power of the victim to choose between right and wrong although he perceive it—is entirely alleged by the superintendents at insane hospitals and other experts who constantly have experimental dealings with the insane, and they are permitted every day to so testify before juries. The truth of their testimony, or what is the same thing, the existence or non-existence of such a disease of the mind in each particular case is necessarily a matter for the determination of the jury from the evidence.

The practical trouble is for the courts to determine in what particular cases the party on trial is to be transferred from the category of sane to that of insane criminals, whether in other words the border line of punishability is judged to be passed. But no one can say where twilight ends or begins yet there is ample distinction between day and night. We think we can safely rely in this matter upon the intelligence of juries, guided by the testimony of men who have practically made a study of the disease of insanity and enlightened the criminal law of the land, not to deal harshly with any unfortunate victim of a disease of the mind acting without the light of reason or the power of volition.

INSANITY IN ITS RELATION TO THE LAW.*

BY F. NORTON MANNING, M. D.,

Inspector General of the Insane for New South Wales.

In the year 1843 in consequence of the popular alarm excited by the acquittal on the ground of insanity of McNaughten, who that year shot Mr. Drummond in the lobby of the House of Commons, mistaking him for Sir Robert Peel, concerning whom he had insane delusions that he was one of a number of persons who followed him everywhere, blasting his character and making his life wretched, the House of Lords put to the Judges certain questions and received from them† certain answers which have ever since been held to be the interpretation of the law on this subject and a more or less binding authority for Judges in charging juries in cases in which the question of insanity arises.

Notwithstanding that the authority has been described by eminent jurists and among them Sir James Fitz-James Stephen as "in many ways doubtful," and the fact that individual Judges have declined to be bound by its limitations and have directed juries in a wider and more scientific spirit; notwithstanding that there has been an enormous advance in our knowledge of disorders of the mind, that in hospitals and asylums throughout the civilized globe opportunities have been taken advantage of for scientific investigation, and notwithstanding that the whole literature of the subject is opposed to the legal dogma, the authority still remains. The dogmatic adhesion to phrases having no basis in fact, and to the cast-off theories of physicians of bye-gone generations, is still for the most part rigidly adhered to in England and in the Australian Colonies, and Mr. Justice Molesworth in Colston's case tried very recently in Victoria, and the Chief Justice of this Colony, at the trial of a man named Cecil at Wagga, within the current year used in directing the juries the very words of the answers given by the Judges on that occasion. In the Victorian case the Judge's ruling was subsequently upheld on appeal to the Supreme Court.

* Read at the Inter-Colonial Medical Congress, Sydney, N. S. W., September, 1892.

† The number of Judges was fifteen, and the answers expressed the opinion of fourteen of them. Mr. Justice Maule gave a reply of his own.

I need not place before you the questions put to, and the answers given by, the Judges: they are sufficiently well and generally known. The result is briefly summarized as follows:

No act is a crime if the person who does it is at the time when it is done prevented either by defective reason or mental power or by any disease affecting his mind—(a) from knowing the nature and quality of the act he was doing; (b) from knowing that either the act is illegal or contrary to law or that it is morally wrong.

Insane delusions as to existing facts standing alone and in themselves were expressly held to be no excuse for crime even if the offense was committed as a consequence thereof.

The only change which has taken place in the law relating to insanity or in its interpretation during the nearly fifty years which have elapsed since McNaughten's trial, took place in the year 1883 (on the consolidation of the Criminal law) in England. The practice of acquitting the prisoner on the ground of insanity was then so far changed that the jury are now asked, first, to give a verdict of guilty or not guilty of the crime charged on the facts as to the crime itself placed before them, and second, which had not been done before, if guilty, to say if the prisoner was insane at the time he did it.

This, though a comparatively minor matter, is clearly a step in the right direction, but has not yet been followed in any of the Australian Colonies.

The law as it stands, or rather the interpretation of it given by the Judges in 1843, for it is doubtful if this is the law, has never been acquiesced in by the medical profession, and every writer on insanity in its relation to the law has had something to say on this subject, while several have discussed the question fully and exhaustively. I can therefore have little or nothing that is new, so far as opinion goes, to say on this subject, but I have certain interesting facts to place before you which will show how imperfectly and unscientifically the law as it now is administered, has worked during the last twenty four years in this Colony.

During twenty-four years, from September, 1868, to September, 1892, I have carefully noted the number of cases in which prisoners were acquitted on the grounds of insanity and ordered to be confined during the pleasure of His Excellency the Governor as the representative of Her Majesty. They have been forty-nine in number and of these twenty-five have been tried on charges for which the

penalty was death,—murder, attempt to murder, and rape, whilst the remaining twenty-four were arraigned for maliciously wounding, arson, attempt at suicide and other more or less serious offenses. These latter are on the whole of minor importance to the public since the carrying out of the death penalty is not in question and as safe custody is necessary it is but little interested or concerned as to whether that custody is that of the prison or the hospital for the insane, but all are of equal interest in the study of mental disturbance and criminal responsibility.

The number of persons found guilty and sentenced to death during the twenty-four years above mentioned on charges of murder, attempt to murder and rape, in whose cases the Executive Council was called on in one way or other to interfere on the special ground of mental unsoundness and presumed irresponsibility, was twelve, whilst those found guilty of other offenses in the Superior Courts, sentenced to terms of imprisonment and found and certified to be insane in prison almost immediately after the trial, having almost certainly been insane when the offense was committed, were thirteen.

Though I have given evidence in court in no single one of these cases, I have had the whole (seventy-four) under my personal observation and have watched and studied them with some care, and in the twelve found guilty and lying under sentence of death, for grave offense, I have been consulted by the Executive and my recommendation in all cases adopted. Of these cases nine were reprieved and dealt with subsequently as insane persons, whilst in three the sentence was carried out.

It is only right that I should state that in four of the more important and difficult cases in which I have been consulted by the Executive I have had the benefit of meeting in consultation members of our profession, that in all these cases the advice tendered was unanimous, and that in three in which the prisoners were finally executed this advice was in contravention of much popular clamor, some violent newspaper articles, and in one case of public excitement, which manifested itself in the shape of pieces of blue metal through the windows of a medical practitioner who was erroneously supposed to be one of my colleagues in this particular enquiry. This may perhaps serve to show that whatever advice has been tendered has not erred on the side of extreme views as to irresponsibility in these cases.

Now, in the forty-nine cases acquitted on the ground of insanity, the juries were as a rule directed by the Judges in the terms, indeed in most cases in the words of the English Judges as set forth in answers to the questions propounded by the House of Lords, but in one or two instances a more liberal and I venture to say a more enlightened view was taken and the questions put more generally. In examining closely these forty-nine cases as I have done, it is quite clear that in certainly more than one-half the cases, the prisoners knew at the time the act was done, (*a*) the nature and quality of the act, and (*b*) that the act was wrong and contrary to law. Yet despite the Judge's directions, the jury, impelled by the medical evidence, the arguments or appeals of counsel, or by a common sense view of the question, took the bit between their teeth, and gave a verdict of acquittal on the grounds of insanity in defiance of the Judge's direction, though probably in most instances with his real concurrence.

These verdicts which I see no reason to dissent from—except in one instance—and which have been shown to be right in a large number of cases, by the marked, decided and long-continued and complete irresponsibility, as shown in various ways of the subjects, many of whom are still living in confinement—have been arrived at therefore in direct opposition to what is laid down to be the law. Is this calculated to increase the respect of the public for the law or its administration?

Turning to the twelve cases found guilty of the crime charged which the Executive specially considered in the view of the presumed insanity and irresponsibility of the prisoner, with the result that nine were spared the death penalty to which they had been sentenced, it should be pointed out that in most it was on the report of the Judges, who had gone through the solemn protest of sentencing the prisoner to death, that the further enquiry was instituted and certainly in several, if a wider view of what constituted legal insanity and irresponsibility had been placed before the jury, the prisoners would have been acquitted on this special ground.

I think I have shown that, though justice has been in the main done the processes leading thereto are clumsy and unscientific, and that the result has been arrived at rather in spite of the law, and by means outside its processes rather than by its means.

Now two questions arise:

First. Are the formal answers of the Judges, given in 1843 in what may be regarded as almost the dark ages of Psychological Science in answer to the badly framed questions of the House of Lords, to stand for all time as the definite authority on this question? and,

Second. Is it not possible for our jurists with or without the aid of alienist physicians to adopt something more rational and more in accordance with the present state of our knowledge of mental processes and mental disease?

Sir James Stephen, in his History of the Criminal Law of England, after a most learned, comprehensive and dispassionate review of the whole question, says: "If it is not, it ought to be, the law of England that no act is a crime if the person who does it is at the time when it is done prevented either by defective mental power or by any disease affecting his mind from controlling his own conduct unless the absence of the power of control has been produced by his own default," and he further adds, "I also think that the existence of any insane delusion, impulse or other state which is commonly produced by madness, is a fact relevant to the question whether or not he can control his conduct and as such may be proved and ought to be left to the jury."

Mr. Justice Wright, in an important case tried at Warwick in July of this year,* laid it down as the law that it was not sufficient to show that a prisoner was aware of the nature of the act to enable one to say if he was responsible, for he might not be able to resist an impulse, and if a man's act was the direct outcome of an insane delusion he ought not to be held responsible for the act, and one of the Judges of the Supreme Court of this Colony, during a trial for murder about six years ago in which insanity was put forward, directed the jury in these terms, "There is no reason to suppose that the prisoner at the time of committing the murder did not know the nature of the act he was committing or that he did not know that he was doing an act highly criminal, or *that he was in any way from disease of mind* UNABLE TO CONTROL HIS ACTIONS."†

The American Courts, which for long followed in the wake of those in England, are exhibiting a disposition to emancipate them-

* A case of parricide at Leamington in which the prisoner was found "guilty but not responsible being insane at the time of committing the act."

† Sir George Innes at trial of J. O'S. for murder at Darlinghurst.

selves from an authority which they perceive to be founded on defective and erroneous views of insanity, whilst the latest German penal code provides that "an act is not punishable when the person at the time of doing it was in a state of unconsciousness or of disease of mind by which a free determination of the will was excluded."

You will see that in addition to the enquiries, Did he know the nature of the act? Did he know that it was wrong? we have here the further distinct issue, Could he help it?

This is a most important and reasonable addition to the recognized exemptions from legal responsibility, and if it were put before the jury in all cases or at all events fairly considered by the Judge, the medical views of this subject would be for the most part met. How can a man be responsible for what he cannot help? And we as students of insanity are absolutely certain that in many cases of mental disease there is impairment, perversion, or absolute loss of the power of self-control, whilst the knowledge of right and wrong remains more or less unimpaired.

I have not been able to obtain from legal authorities any better objections to an alteration of the interpretation of what is the law in the direction indicated than that such alteration would unsettle a settled question, would let loose on juries the floodgates of medical speculation, render their duties much more difficult and perhaps lead to the acquittal of guilty and responsible men. The first objection needs no answer, the question if settled is settled in a way open to question and shown to be unsatisfactory in its incidence; the second is much more serious though not insuperable and is to some extent valid by reason of the action of medical practitioners who, I say it with pain and mortification, have gone and do go into the witness box either with views altogether nebulous and indistinct on the question of insanity and irresponsibility—or apparently with a view of parading certain theories, vagaries, and inconsistencies, which have no basis in experience, or in pathological or scientific research, but it should not be difficult to procure the evidence of the more thoughtful and experienced practitioner on this subject and to exclude the ill-considered views of the self-confident theorist or the nebulous speculations of the man who has never given more than a passing thought to the general study of the question. Whilst as to the anticipated difficulties of the jury—if such a body is fit to decide on the evidence

adduced whether the person before them knows the nature and quality of the act he has done, and knows also that it is wrong or illegal—it is surely fit to decide the further question (also on the evidence adduced), Could he help it or control his actions?

The fact is, however, that a jury is not a fit body to decide any questions of this kind, and whilst it may be wise to leave to the jury the question of fact as to whether the accused committed the murder or not, the further question as to his mental condition and responsibility, now recognized as a separate question by the English statute, would be best left to the Judge who should be allowed to call such medical evidence or receive the assistance of such assessors as the executive may place at his disposal, or he may be empowered to call to his aid. We can, however, hardly expect such a radical alteration in criminal procedure to come in our day, though the proposed alteration of the law in this Colony in the direction of the abolition of the coroner's jury, shows that changes even in the direction above suggested are not impossible, and it behooves us therefore to help the jurists who are inclined to meet our views by formulating more distinctly our knowledge on the subject and by answering the questions with regard to self-control and responsibility in some more definite and satisfactory manner than has heretofore as a rule been usual.

Some authors have urged that insanity, whatever be its nature, renders a person irresponsible in the eye of the law, and the very latest writer on this subject, Dr. Duncan Greenlees, who has recently left England to take charge of the Grahamstown Asylum at Cape Colony, lays it down definitely, in a little volume published this year, that "medical insanity is equivalent with legal irresponsibility" and that "insanity always accompanies epilepsy."

I can accept neither of these views any more than I can accept the views of gentlemen who go into the witness box and plead irresponsibility in cases in which they cannot give a definite name to the form of mental unsoundness, detail as existent in the case under consideration symptoms consistent with any known form of classified insanity, or write a medical certificate which would justify the detention of the patient in a hospital for the insane, or hold water in a court of law.

I am tempted to think with Mr. A. Wood Renton, a lawyer who has written thoughtfully on this subject, that when medical men state that all insane persons are irresponsible there is a

"suppressed minor" in their propositions, and I am sometimes enlightened by an examination of the Medical Register when I find their registration is of recent date and the impetuosity of youth has outrun discretion.

At the same time there is no difficulty in showing that a large proportion of insane people who know right from wrong cannot control their actions and are irresponsible by reason of their disease.

I pass over altogether the cases in which irresponsibility is now admitted, the frenzy of acute or sub-acute mania, of mania *a potu* and of general paralysis, the agony of acute melancholia, the violent or purposeless acts of the known idiot or imbecile, the furor and also the automatic action of the epileptic and the fleeting though severe mental disturbance of mania transitoria.

The dispute between law and medicine now ranges itself mainly about three forms of mental unsoundness—and these are

First. Insanity with delusions, illusions and hallucinations.

Second. Insanity with defective mental power, including imbecility or partial congenital weakness and dementia the result of disease.

Third. Insanity with impulse, destructive, short-lived and intermittent, fury without ordinary delusions or marked weakness of intellect.

In cases in which decided delusions or optical or auditory hallucinations exist, and the delusion or hallucination has a direct reference to, or bearing on, the crime committed, the person cannot be responsible.

A delusion of this kind hardly ever stands alone, but is in all cases the result of a disease of the brain which (I quote Dr. Griesinger, a standard authority on this subject) "interferes more or less with every function of the mind, which falsifies all the emotions, alters in an unaccountable way the natural weight of motives of conduct, weakens the will and sometimes, without giving the patient false impressions of external facts, so enfeebles every part of his mind that he sees and feels and acts with regard to real things as a sane man does with regard to what he supposes himself to see in a dream."

Dr. Bucknill has asserted "that a lunatic is a lunatic to his fingers' ends," and even if we do not accept this in its entirety, we acknowledge that it is unphilosophical and contrary to sound

knowledge to assert the independence of one part of the body of another, to say that disease of any important organ may exist without more or less affecting the healthy performance of functions in all the others. How much more unphilosophical and contrary to sound knowledge must it be to say that our mental faculties, and the various parts of the brain through which they act, can be parcelled out into divisions so distinct that serious disease or disturbance of one does not disturb the other, "that one portion of our intellectual organism may be in ruin whilst the rest is in sound working order."

In cases in which the delusion has apparently no bearing on the crime whatever, it will not infrequently be found that it has such a bearing, and at all events it is a symptom of serious disease of the brain. The action may be the direct consequence of the delusion, although the sane mind is unable to follow the process which led up to it. There is an incoherence between the ideas of insane people, and an incoherence also between their ideas and actions. Delusions do not destroy, but they pervert the mental faculties, and it is impossible to say, although a delusion is apparently unconnected with a crime, but that by some process of crooked and morbid thought it has not been a compelling cause of its commission. These cases require great and patient sifting, they must to some extent be considered individually, but in almost all, if not in all, it will be found that there is at least such a measure of irresponsibility which entitles the patient to profit by the indulgence of the law.

Turning to the second class of cases, those of partial congenital weakness and dementia the result of disease, I need say little or nothing as to the latter. In these, the affection, as a rule, comes on late in life, and the cases seldom figure in Criminal Courts, though civil actions as to testamentary capacity and as to business capabilities by reason of mental enfeeblement are sufficiently common. It is the class of cases in which there is congenital, feeble intelligence, continuing through life, but not so marked as to constitute idiocy or marked imbecility, or to compel the sequestration of the individual in a special institution, that interests us in regard to criminal responsibility, and, as the crimes committed are often sexual or prompted by sexual instincts, these are of special importance in this Colony, where, owing to peculiar circumstances, the penalty for rape is still death.

These people often earn their own livelihood, especially in the Australasian Colonies where labor is often scarce and always highly paid, and where a purely mechanical service—the mere cutting of wood and drawing of water—is acceptable and remunerated at least by the necessities of life. They present no special appearance to the uneducated eye and sometimes they even answer to the ordinary tests of intelligence, but peculiar conformations of the skull, highly arched or keeled palate, peculiar teeth and ears and abnormal bodily or sexual development often tell their story to the practised alienist, and a searching enquiry into their intellectual development will serve to show their mental capacity and standing.

Now these people have no initiative power, no capacity for adaptation, mentally and bodily they work on a low mechanical level; but with feeble mental power they have strong animal passions and tempers often but little under their control.

Driven by lust, they are prone to acts of violence in its gratification, and enraged by slight provocation they are guilty of inordinate violence which results in murder. They act without reflection, without any due reasoning power, any full measure of consequences, and without power of self-control, and some of the most apparently purposeless murders have been committed by this class, though they cannot be said not to know the nature and quality of their acts.

I do not hold all these cases as fully and completely irresponsible. They require individual and careful differentiation, but as a class they are not fully responsible, and to inflict the death penalty is to punish them beyond the measure in which punishment is meted out to their more gifted and responsible fellow men, whilst such punishment can in no way be deterrent to men with minds of a like mental calibre and competency.

In all these cases it is necessary that weakness of intellect and physical degeneration should be fully and completely proved, and the facts, sometimes trivial in themselves when standing alone, must be duly marshalled and presented as a compact and convincing whole.

It is in some of this class of cases that it might be well if a middle course, as suggested by Sir James Stephen, could be adopted, and a verdict of "Guilty, but his power of self-control was diminished by mental weakness or disease," be found by the jury.

Insane impulse—I do not use the terms irresistible or uncontrollable impulse—has always been the greatest stumbling-block to the legal mind, and this particular form of mental disorder has been pleaded as an excuse for crime with perhaps less reason and certainly with less substantial proof than any other.

It is easy to understand the difficulty felt by lawyers when insane impulse alone—an emotional disturbance without intellectual disorder or weakness—is put forward as a plea for irresponsibility, but to those who have had long experience of insanity and have seen to what an extent morbid or insane impulse accompanies other forms of intellectual disturbance, and how large a share it contributes to the difficulties of asylum management, by reason of its existence with intellectual conditions but little perverted or weakened, there is less difficulty in understanding that it may stand alone.

I confess, however, that I should shrink from going into the witness box and holding up impulse alone without any collateral proof of mental unsoundness as a plea for irresponsibility. In most of the cases, however, there is other evidence. In some it will be found that there is accompanying hallucination or delusion carefully concealed by the sufferer, or minor epilepsy of which he is unaware. In others there are distinctly insane acts accompanying the crime and evidence of a brief period of transitory mania. In others, again, the sufferers can show in their prior history that the impulse has been felt for long periods or at certain crises, has been again and again resisted and that in some instances they have sought the protection of the police or of friends, or have even presented themselves at asylums and pleaded for admission as voluntary patients dreading a failure of their self-control. In yet another class there is evidence of change of feeling and of manner, of strange conduct for which no reason is given, of erratic and apparently purposeless journeyings, of outbreaks of unprovoked violence or of violence on trivial provocation, all these being foreign to prior habits and conduct, and with all these perhaps very marked and decided evidences of well marked hereditary insanity.

In all these cases such collateral evidence when it exists should be clearly pointed out; if there is none of it, it is better to stand aside. The mere act itself, however strongly suggestive of insanity, will scarcely be evidence of insane impulse.

A few words in conclusion as to epilepsy and insane heredity. The existence of either or both of these are no proof of insanity—when standing alone—and should never be brought forward in the absence of other evidence. There are hundreds of epileptics, having infrequent convulsive fits, who never display intellectual disturbance or epileptic automatic action, and who are practically sane and responsible, and there are multitudes of the direct and immediate, as well as the collateral, descendants of insane people who escape all appearance of mental unsoundness.

ABSTRACTS AND EXTRACTS.

THE RELATIONS OF EXOPHTHALMIC GOITRE AND MENTAL ALIENATION.—Jacquin, *Thèse de Montpellier*, 1891, (abstract in *Rev. Internat. de Bibl. Méd.*) The association of psychic disorders with Basedow's disease has been remarked upon by Trousseau, Charcot, Meynert, Sallbrig, Rendu, Ball and others. The author, together with thirty-two hitherto published cases, reports one of his own; that of a woman, 64 years of age, with a heredity, direct and collateral, of insanity, who had four attacks of melancholia, the exophthalmic goitre appearing with the fourth attack. The influence of heredity is noted, but the author holds that insanity is sometimes due to the exophthalmic goitre alone, which acts (a) by epileptiform attacks that it induces; (b) by its excessive malnutrition incidental to it; (c) finally, by its infectious nature.

In certain predisposed individuals, there are nervous disorders from infancy, in others Basedow's disease and insanity break out together. The author holds that this disease may alone give rise to an insanity identified with that due to disordered nutrition. This may appear not only in predisposed individuals but also in those without hereditary morbid antecedents. Basedow's disease occurring in the course of a mental disorder aggravates the existing symptoms and adds new ones; generalized sensation of heat, deafness, anxiety. It gives to the accompanying psychosis a peculiar physiognomy, which depends upon the symptoms developed from the goitre, and which aggravates the prognosis.

H. M. B.

NEURITIS AND NEUROSES OF THE VAGUS.—Arthund and Rescaussie, *Rév. Internationale de Bibliogr. Méd.*, No. 18, 1892, abstract from *Ann. de la Polyclin. de Paris*, May and June, 1892). Neuritis of the vagus may be due to compression, to toxic or infectious diseases (acting by dyscrasia or compression of the ganglia), to disorders of the nerve centres (tabes, &c.), or of the stomach (ascending neuritis studied by Cuffer); sometimes no cause can be ascertained (3 cases of primary neuritis of the recurrent reported by Massei). Neuroses of this nerve are met with in arthritism (asthma, &c.), and in hereditary degenerative conditions (disorders of the pneumogastric in hysteria, neurasthenia and organic nervous disorders). They commence insidiously with gastricatomy, which finally terminate in dilatation. Polyuria and often pollakiuria regularly follow; and there is besides a slight intermittent albuminuria, and rather frequently transient glycosuria and sometimes phosphaturia. The patient loses flesh and suffers from tympanitis, constipation and occasional diarrhœa. There is ordinarily tachycardia (120-150) with pulse small, soft, slightly dicrotic; these attacks are followed by temporary slowness of pulse and syncopal attacks, but the heart is always strong enough to maintain the equilibrium of the circulation. There is also observed a condition of dyspnœa, either continuous or intermittent, with paroxysms resembling asthma, but with a more gradual inception and longer duration. Emphysema sometimes follows, and if the nervous disorder continues, localized broncho-pneumonia ensues

with fine crepitant *râles* without *souffle* or bronchophony, and giving rise to a little bloody sputa. The laryngeal troubles have been long known, they are unilateral or disassociated paralyses, and more rarely transient spasm of the glottis. Œsophagism as well as dysphagia may also occur, and there is pain due to compression of the vagus by the anterior border of the sterno-mastoid. All these symptoms are very variously grouped in different cases, but this grouping, whatever it may be, suffices for the distinguishing of the disease of the pneumogastric from asthma, angina pectoris, gastralgia, paroxysmal tachycardia, Basedow's disease, Bright's disease, diabetes, broncho-pneumonia, and laryngeal disorders. It remains then to find the cause (compression, intoxication, arthritis, etc.), and the prognosis depends upon this. The neurosis itself is sometimes cured, if taken in the beginning, but more often it occurs again and again until it ends in producing some fatal disorder of the heart, stomach, or kidneys. As treatment we may use galvanization of the vagus (10 to 15 milliamperes, 15 minutes a day, one pole at the mastoid process and the other at the lower end of the sterno-mastoid). Opium with belladonna is very useful against the nervous symptoms, bromides with the iodides, and antipyrine are also indicated. It is essential at the same time to combat the dyspnoea and the broncho-pneumonia; to electrize the larynx in case of aphonia with the galvanic current (-pole at the shoulder, —pole at the heart, 5-10 milliamperes, 5 or 10 minutes twice a day), in case of palpitation. H. M. B.

THE COMPARATIVE NUMBER OF MOTOR FIBRES TO THE SUPERIOR AND INFERIOR MEMBERS IN MAN.—MM. Blocq and Onanoff, *Acad. des Sciences*, session of July 25, 1892, (abstract in *Progrès Méd.*, No. 34, 1892), have counted the motor fibres in sections of the cord taken from hemiplegic subjects with complete contraction of long standing. They noted, (1) the extent of the field of degeneration of the direct and crossed pyramidal fibres; (2) the number of fibres contained on the healthy side in an area equal to the degenerate tract; (3) the number of fibres still uninvolved in the latter. By subtracting these last from the preceding we obtain the number corresponding to the nerve fibres of the direct and crossed pyramidal test. (4) It suffices to estimate by the same method the number of fibres of the pyramidal bundles above and below the cervical enlargement, and to take the difference to ascertain the number of fibres on the one hand to the upper limb, and the other to the leg and half the trunk. These enumerations were made in three individuals, and the results have agreed very closely. It appears that the motor nerve fibres of cerebral origin destined to the arm are about five times as numerous as those going to the leg.

The upper limbs, thus receiving the greater number of cerebral motor fibres, are especially utilized in conscious and intelligent movements, while the lower limbs are chiefly employed for automatic acts that require much cerebral intervention. These facts also explain why reflex movements are normally less developed in the arms than in the leg, and the clinically observed fact that paralysis of the arm in hemiplegia is more pronounced than in the leg. The psychic paralyses are also more frequent, as a rule, in the upper

members, and are then more obstinate and rebellious than when situated in the legs.

H. M. B.

VIBRATIONS IN TREATMENT OF NERVOUS AND MENTAL DISEASE.—M. Gilles de la Tourette following the lead of M. Boudet of Paris, and earlier observers, has experimented with the effects of vibrations on the nervous system. He has devised a sort of cap made to conform itself to the shape of the cranium with which, by means of a small electric motor, uniform rapid light vibrations may be made over the whole surface covered by the apparatus. The whole head vibrates, as can be felt by putting the hand on the mastoid process. A simple arrangement permits such regulation of the number and fullness of the vibrations as may be desired.

Placed on the head of a healthy person it causes no inconvenience or discomfort, but soon produces a sort of general benumbing that is almost invariably followed by sleep. About ten minutes' application in the evening was found to produce a good night's sleep. Eight or ten *séances* sufficed to relieve insomnia when not due to organic encephalic disease.

Three cases of neurasthenia were treated, two of whom were cured, and the third discontinued the treatment improved. The head symptoms disappeared and that the method acts through the brain seemed to be shown by the fact that in a case where the spinal phenomena were predominant, the weakness of the legs, the sacral *plaque*, and the relative sexual impotence, disappeared without having recourse to any spinal applications. In this patient static electricity had notably failed.

There seems to be, according to the author, no doubt that this method is a powerful sedative to the nervous system, and the suggestion is made that its effects may be advantageous in certain forms of mental disease. In one case of melancholia its use appeared to be decidedly advantageous in arresting the progress of the disorder, that had before shown no signs of improvement.

H. M. B.

INFECTIONS AND EPILEPSY.—Pierre Marie, *Sem. Méd.*, No. 13, July, 1892, (abstract in *Rev. Internat. de Bibl. Méd.*), endeavors to prove that the syndrome epilepsy, insufficiently explained by direct heredity occurs especially in those subjects that are affected with cerebral glioma, those that had suffered from infantile hemiplegia, convulsions, eruptive fevers especially involving the nervous systems, broncho-pulmonary affections: in short, all disorders of which infection is the basis, as in adults it may appear after diphtheritis or puerperal eclampsia. The intoxications (ergotism and perhaps alcoholism) have a like action. Marie concludes that the cause of epilepsy is always external to the patient and subsequent to conception. The rôle of infections permits the hope that a toxine may be found that will combat the disease, and already all the infections suspend the attacks. The field is open for experimentation, but he thinks that a trial should be made with the cantharidate of potassa.

H. M. B.

THERAPEUTIC SUGGESTION.—Forel, *Rev. d' Hypn.*, June, 1892, (abstract in *Rev. Internat.*) Suggestion, the author says, must fail in conflict with all

the hereditary and lasting cerebral forces, which make up what we call character, but it may have effect as against special tendencies already counterbalanced by other penchants almost as powerful, this being the characteristic of weak-willed individuals, and it may work with some success in only average brains. Furthermore, we have not merely hypnotic suggestion; the suggestions of surroundings are not less effective. As a hypnotic suggestion, Forel employs the following: He selects for attendants in the dormitories of agitated (female) lunatics hypnotizable and suggestible women and gives them orders to sleep quietly through the night in spite of the noise about them, but to wake up at once in case any thing abnormal occurs. He has found it possible to keep up this arrangement for more than six months at a time with the same attendant, without her suffering from loss of sleep or failing once to be aroused and intervene when her services were required.

H. M. B.

MORBID SEXUAL EXCITATION.—Ball, *Ann. de Psych. et Hygn. (Jour. de Méd. de Paris*, No. 26, 1892), divides erotic insanity into three classes: erotomania (of Esquirol), sexual excitation, and sexual perversion. The second of these classes, sexual excitation, he divides into (1) the hallucinatory type; (2) the aphrodisiac type; (3) the obscene type; (4) nymphomania; (5) satyriasis. The first of these is that form with which all asylum physicians are familiar, of which alcoholic, hysterical, puerperal and religious insanity furnish numerous examples. The patients have all kinds of sexual hallucinations which are generally of a disagreeable nature, though this is not invariably the case. These may take on an epidemic form of which numerous instances have been recorded in convents, &c. They may give rise to false accusations and innocent persons have been convicted on the evidence of such hallucinated patients. The importance of this type is therefore manifest.

In the second form of sexual excitation, the aphrodisiac form, the sexual appetite is excessively exaggerated, and M. Ball quotes from Trélat the history of a remarkable case of this type in which this condition existed from youth to old age without any mental abnormality and perfect physical health.

The third form is that met with in some senile cases and in the initial stages of general paralysis, where the mind runs to sexual matters and obscenity without necessarily any corresponding insanity of action. The subjects of this form may be continent and even impotent, the correspondence between the cerebral and the spinal conditions is lacking, or rather the spinal centres are defunct or inactive, while those in the cerebrum are hyperexcited. This loss of spinal sexual sensibility is not important when the psychic element is also lacking, but when this last survives it may lead to vice. This form is also to be met with in young persons and M. Ball includes in this class the so-called "exhibitionists" who find a sexual pleasure in outraging public decency by exposure of their persons.

The last types, nymphomania and its corresponding condition in the male, are indications of grave organic disease, either central or peripheral, of rapid progress and terminating in dementia or death. The patient described by

Trélat was not therefore a nymphomaniac, but a case of simple morbid sexual excitation. It may appear under two forms, the light and chronic, and the acute, and in the latter there can be discerned decided physical derangements, such as embarrassment of breathing, precordial pain and palpitation of the heart. The clinical type is well enough known and the disease is not confined to the human species, but is also met with in the lower animals. Besides the disorders of the ovaries, thromboses of the sinuses of the dura have been found in the autopsies of these cases. H. M. B.

THE SURGICAL TREATMENT OF IDIOCY.—At the session of the Congress of French Alienists, August 1st, last, (*Progrès Méd.*, No. 33, 1892), M. Bourneville read a paper on the surgical and medical treatment of idiocy. He exhibited eleven crania, showing that in none of the types of idiocy to which M. Lannelongue applies indiscriminately the treatment by craniectomy are there any synostoses, and consequently the operation has no anatomical indication; it is useless and the results so much vaunted are non-existent. One of the first patients operated on by M. Lannelongue came later into the idiot department of the Bicêtre where he died, and his cranium at the autopsy showed no synostoses. If the operation is not beneficial, it is hurtful, as in this case there were found meningeal adhesions at the points of operation. It is, on the whole, better to keep to the medico-pedagogic methods, of which M. Bourneville exhibited some of the results. It is to this treatment, in part, that should be credited the transient betterment attributed to craniectomy: the patients benefit by the attention they receive as surgical cases.

In reply to a question of M. Gilbert Ballet, M. Bourneville stated that he had never seen a case where the development of the cranium was hindered by premature synostoses, but such cases had been reported.

M. Régis, in the discussion following, thought that M. Bourneville's paper was the more important, since craniectomy was coming into fashion, even in the provinces. He had himself seen one case operated upon without any good result.

H. M. B.

THE RELATIONS OF GENERAL PARALYSIS TO TABES.—M. Pierre (of Lyons) at the recent meeting of the Society of French Alienists at Blois Aug. 5, (reported in *Le Progrès Médical*), read a paper on this subject which he introduced by stating that the division made between diseases of the brain and spinal cord was essentially wrong, and that all so-called psychic phenomena are rightly to be referred to those of sensation and motion. In a pathological point of view and correctly synthesizing the cerebral functions, thought included, only two great classes of disorders need to be considered, those of the centripetal system of reception and those of the centrifugal system of expression.

There is one disorder, he claims, that involves all the elements of the sensory system,—it is tabes. Its subjects have been said to be never insane, but this has been refuted by Westphal and Baillarger. The latter has shown that tabetics have psychic disorders, similar to those that character-

ize paresis, and he has observed that paretics may have delusions that absolutely disappear. On the other hand, he has observed at times points of atrophy (*encéphalite scléreuse*) in the cortex of tabetics who had no delusions, a lesion that has since been noticed by Jendrassik.

"The delusions truly characteristic of tabes are those of persecution, with maniacal agitation, founded on the delusive interpretations of the tabetic pains; that is to say, not on hallucinations, but on actual sensitive and sensorial phenomena. Moreover, from time to time, they are subject to attacks of megalomaniac delusions, accompanied with motor symptoms, tremors, difficulty in standing; these patients become demented and we still find in them traces of the old delusion.

"On the other hand, the type of mental disorder accompanying the form of systematic sclerosis involving the whole psycho-motor system is the pure paralytic dementia, general paralysis without delusions. The sufferers from it are neither megalomaniacs nor melancholiacs, they are motor demented in whom thought cannot, so to speak, manifest itself by any one of its motor expressions."

These two types, the author claims, have been, so far, confounded under the head of general paralysis due to generally diffused lesions, and it seemed best for him to call attention to the distinction.

H. M. B.

THE ACTION OF THE TESTICULAR EXTRACT.—V. Capriati, *Ann. di Neurol.* X, I, II, III, 1892, publishes the results of an elaborate investigation of the effects of Brown-Séquard's extract, in which he made elaborate instrumental records of the pulse, respiration and muscular force, the latter by a new apparatus invented by Mosso, the ergograph, on four subjects selected as favorable cases for the beneficial action of the drug, all suffering from depressed or demented forms of insanity.

He concludes, after a most careful investigation, that from the whole of the facts, it can be said that the testicular juice injected in the human subject is not absolutely without action. The modifications that it can produce in human organism consist in a nervous excitation which, in his four subjects, was manifested either by augmented activity of the cardio-vascular apparatus or a slight quickening of the psychic processes. This, however, was only temporary, lasting only an hour or so after each injection and disappearing suddenly, notwithstanding the treatment was protracted. In his patients it had no effect whatever on the temperature nor the general state of nutrition except that the latter was unfavorably affected in one. He holds that it can have no stable or lasting action on the human organism, and attributes the good effects reported by others to suggestion.

H. M. B.

NERVOUS TRANSFUSION IN INSANITY.—Cullerre, *Gaz. Méd. de Paris*, August 27, 1892, reports eight cases of insanity nearly all in critical physical condition, and several in one of mental and bodily hebetude, in whom he practiced the method introduced by M. Constantin Paul of injecting hypodermically a preparation of the gray matter from a sheep's brain. He macerated the fresh brain substance from a recently killed animal twenty-

four hours in twice its weight of pure glycerine, then, adding an equal quantity of boiled water, he obtained by filtration a preparation of the strength of one-fifth. The injections were invariably four grams (3 i) of this liquid, which was renewed every week, and were given at intervals of two days, the selected points for their insertion being the flanks or the dorso-lumbar region. The spot chosen for the injection was previously washed with a strongly phenated water and the syringe was carefully disinfected. Although he did not use Arsonval's method, he claims that his precautions were such that in over five hundred injections there was not a single accident of any kind.

In all the cases here reported there was a marvelous improvement in the physical condition, but the mental disorder was either only temporarily benefited or not at all. Six other cases were treated in the same way; three of them melancholiacs who underwent a decided improvement as regards their appetite, &c. In one case of hydremic cachexia of long standing the results were *nil*; the same was the case with a patient suffering from intermittent mania and pyloric cancer. In one melancholiac there was only temporary improvement.

The author sums up his conclusions in the following propositions:

(1) Nervous transfusion (I advise what I have not myself been able to do, the employment of the procedure of Arsonval to insure the sterilization of the liquid) is well tolerated in debilitated and even in tuberculous insane, and arouses almost instantaneously the nutritive functions.

(2) The first sign of this awakening was an improved appetite, which some patients are hardly able to satisfy. This particularity may be of great value in insanity in combatting sitophobia, and I have been enabled to avail myself of it in many patients who had systematically refused food.

(3) The reconstituent effects are rapid in appearance; the muscular weakness disappears, the *embonpoint* develops and all the organic functions become more regular.

(4) The psychopathic condition in curable cases has been sometimes temporarily improved during the hours immediately following the injection, but this effect has never been lasting, and no permanent amelioration has been obtained. Nevertheless, I do not consider this as definitely settled, the majority of the cases treated not being such as allowed a favorable prognosis. It is the rule, in fact, that in cases of curable insanity, when the nutrition begins to improve, the mental symptoms also are modified in a parallel manner.

H. M. B.

EPILEPSY.—Brown-Séquard, *Session of Acad. des Sci.*, September 12, 1892. (reported in *Le Progrès Médical*, No. 41,) made a communication on "certain new facts relative to the physiology of epilepsy". The first was in regard to the constancy of the appearance of epilepsy in guinea pigs after section of one of the sciatic nerves. If, in place of simply cutting the nerve and permitting it to renew itself, we amputate at the thigh, we always find that a complete epilepsy appears at once and lasts in all its intensity five or six months if not longer, instead of, as in the case of simple section of the nerve, gradually diminishing and often disappearing altogether. If the

amputation is performed in the lower part of the thigh, the disease appears rather more slowly than when the upper thigh is operated upon, but it is as complete and lasts as indefinitely in either case. When the limb is cut off below the knee, the epilepsy appears very slowly and is seldom complete.

The irritation of a certain portion of the cervical cord by puncture or section in the healthy guinea pig often produces an epileptic attack immediately. The animal thus injured is subjected to two influences, one producing epilepsy and the other inciting the immediate attack itself. A period of from 8 to 40 seconds, and sometimes longer, passes between the moment of the infliction of the injury and the convulsions. Brown-Séquard compares these cases with those of galvanization of the cerebral motor centres, and claims that absolutely decisive experiments have demonstrated that violent epileptic attacks with the particularities characterizing them in the guinea pig may be produced when the only remaining nervous centre is the spinal cord, and that clinical facts as well as experiments show that epilepsy has no special location in the brain, and that it may be produced from any portion of the central or peripheral nervous system.

H. M. B.

CHRONIC PRIMARY DEMENTIA OF YOUNG PERSONS.—(*Dementia præcox*).—A. Pick, *Prager Med. Wochensh.*, 1891, (abstr. in *Bull. de la Soc. de Méd. Ment.*, September, 1892.) This form of mental disorder, of which the author cites three cases, is met with at the epoch of puberty and the few years following. Some of its subjects present cranial malformations, and Pick considers these as important in the causation of the disorder, the skull is dolichocephalic, scaphoid anteriorly; the frontal suture is strongly marked. It is rarely that this type appears among the hereditarily disposed, but Morel has observed a hereditary form, in which he notices the remarkable intellectual precocity of the individuals and the early loss of intelligence. "The intellectual functions suddenly cease to develop, and then appear the symptoms of early dementia; evident proofs of the fact that the brain of the youthful patient has reached the limits of its possible development."

In the etiology of the disorder certain somatic affections notably febrile and infectious disorders, from which the patient has fully recovered, may play a causal rôle. Pick separates these cases from those due to defect in intellectual or bodily development.

Among the first symptoms are certain distraction and apathy and an incoördination of thought which is observable at the first and continues during the whole course of the disease, a manner and style of speech that is weak and foolish. Nevertheless, the memory persists, but on account of the mental incoherence the replies to questions are slow and irrelevant.

H. M. B.

BROWN-SÉQUARD'S METHOD IN GREECE—Pampoukis, *Rev. Méd. de l'Année*, Athens, July, 1892, (abstract in *Rev. Internationale de Bibl. Méd.*) claims to have good results from the injection of testicular juice of rabbits

and fowls in spermatorrhœa, insomnia, palpitations and neurosis of the bladder, and partial success in cases of impotence and neurasthenia. He observed that in some cases the injections gave rise to sexual orgasms, nocturnal pollutions, &c. In none of his cases was there any abscess or erythema, but the injections were painful (a sort of pressure feeling) and this continued for some hours.

H. M. B.

THE BULBAR RESPIRATORY CENTRE.—At the session of the *Acad. des Sciences*, September 19, 1892 (reported in *Le Progrès Méd.*, No. 41), MM. Gad and Marinesen reported the following conclusions from their investigations on the medullary respiratory centre. (1) That the destruction of various bulbar nuclei, considered by authorities up to the present, and especially by Flourens, Gierke, Mislowsky and Holm, as respiratory centres, does not produce, when done under certain conditions, any definite arrest of the respiration. (2) That there exists in the inferior half of the medulla a deeply situated mass of cells, the destruction of which causes arrest and its excitation causes characteristic modifications of the respiration. (3) This region, which we have come to consider as playing the part of a respiratory centre, does not represent a definitely limited zone but is formed by an association of nerve cells disseminated on each side of the hypoglossal roots. (4) The centrifugal routes from it descending in the cord, are direct and are found in the anterior reticular zone.

H. M. B.

PSYCHIC DISORDERS IN BASEDOW'S DISEASE.—Raymond and Serieux, *Congrès de Blois*, 1892, (abstract in *Rev. Internationale de Bibl. Méd.*, No. 17). The psychic disorders that frequently accompany Grave's disease have been considered by some as pertaining to the disorder itself and by others as only accidental complications. The authors after a careful study of the subject conclude as follows:

(1) The psychic disorders of Basedow's disease are not an integral part of the affection.

(2) They are not at all specific and may take on any form. They arise in reality from the association of distinct and autonomous psychoses with the goitre.

(3) These psychic symptoms should be considered apart from this disorder and referred to the morbid species to which they properly belong.

(4) A certain portion of them can be credited to neurasthenia, hysteria, epilepsy, mania, melancholia, hallucinatory delirium, alcoholic insanity, &c.

(5) An important group is directly due to the mental degeneration that indicates the hereditary psychopathic antecedents of the patients, their former mental condition (desequilibration), their physical or psychic stigmata, (morbid impulses and imperative ideas) and, finally, their delusive attacks.

(6) The association of Basedow's disease with mental degeneration is not a coincidence, it is explained by the hereditary defects that give rise to the two conditions. It is an example of the law of the simultaneous co-existence of neuroses and psychoses, and their parallel and independent evolution.

(7) The psychopathic diathesis may reveal itself by the appearance of insanity, either during the course of exophthalmic goitre, or prior to it, or even after recovery, or successively in these different stages.

(8) The moral shock that causes Basedow's disease may simultaneously awake the tendency of the patient to insanity. In certain cases the exophthalmic goitre itself acts, in a predisposed individual, to bring on the mental disorder, in the same way as may any slight ailment.

(9) Exophthalmic goitre is a bulbo-protuberantial neurosis due to the exaggeration and permanence of the physiological phenomena of emotion. It is a psychic anomaly,—the emotivity, which is the basis of the disease.

(10) It is often only a special form of the functional troubles, which in defective individuals attack this or that group of cortical (psychic, psychomotor, sensorial, sensitive), bulbar or spinal centres. In this disorder there is a derangement of the vaso-motor centres which often co-exists with analogous troubles of other centres of the brain and cord.

H. M. B.

MOTOR DISORDERS in NEURASTHENIA.—Pitres, (of Bordeaux), read a paper on this subject before the medical section of the French Association for the Advancement of Sciences, September 21, 1892, (reported in *Le Progrès Méd.*, No. 40). He called attention to certain neurasthenic symptoms that have, he claimed, been wrongly attributed to hysteria. Tremor, he said, the most important of these, exists in two-thirds of the cases of neurasthenia. It is identical with that of exophthalmic goitre, is observed in the limbs, is fine, vibratory, and is apparent in the speech. It resembles the so-called alcoholic tremor, and is one of the better signs of this neurosis. The other motor troubles are less frequent; they consist in cramps, more frequent by day than by night, without fatigue or apparent cause, which sometimes embarrass locomotion, and in muscular contractions resembling those of paramyoclonus multiplex. Rhythmic spasms of the neck, of the tongue, diaphragm, and contractures of the œsophagus are specially symptomatic of neurasthenia.

Abasia may occur in neurasthenia and in persons showing no indications whatever of hysteria. Intermittent claudication occurs in neurasthenics. A precocious fatigue of the arm, absolutely disproportionate to the work performed, and causing momentary paralysis, was observed in one patient. In the same case the knee-jerk was absent, and when this occurs together with Romberg's symptom there may be a neurasthenic pseudo-tabes. Eight or ten times the pupils were quite sensitive to light and refractory to accommodation,—the reverse of the Argyll-Robertson sign.

Neurasthenia is more persistent than hysteria, and its accidents are harder to cure. It cannot be treated, like hysteria, with hypnotism.

H. M. B.

MORBID CRIMINAL IMPULSES.—At the session of the Congress of Criminal Anthropology at Brussels, August last, (reported in *Le Progrès Méd.* No. 33, 1892), M. Magnan made a communication upon this subject. He said that the impulses were usually transitory and easily repressed and did not involve the other intellectual functions; the superior centres did not lose

their control over the psycho-motor apparatus, therefore the impulse was not carried out. In morbid conditions, however, the impulse became tyrannical and subjugated the will, and the conscious victim is led irresistibly to the commission of the acts which he disapproves. The apparent lucidity imposes upon others who are not familiar with these disorders, and explains the judicial and medical errors which are still too frequent, though less so than formerly.

When one has observed the inherent characteristic distress of this condition, and sees, for example, an onomatomaniac struggling with the word which possesses him, and witnesses the great relief which follows its discovery or utterance, one is not astonished at the language of the kleptomaniacs or pyromaniacs, or the victims of any of the different morbid impulses, homicidal, sexual, &c., when they declare that in spite of all their efforts and their ardent desire to resist, they are obliged to succumb to the influence which possesses them. In some circumstances, the discharge of the motor centre (of articulation, for example, in onomatomania) is sudden, without any apparent resistance and also in certain degenerative homicides, the psycho-motor discharge is sudden and automatic, without the subject having time to resist or reflect. The more frequently, nevertheless, the victim taken with this impulse, resists with all his power, often keeping it his own secret; in other cases the will is insufficient and he confides it to others for support. The conflict may continue for a longer or a shorter time, becoming progressively more distressing until finally it terminates in the act. M. Magnan reported examples of this kind, all of them cases of hereditary degeneracy; nearly all of them also presented various episodic syndromes, sometimes successively and sometimes simultaneously, but all were of the same general character. They were conscious of their morbid impulse which led them irresistibly to the act and this pathological process which took away from superior centres their inhibitory power was accompanied with a mental and moral distress or anguish which explains the relief following the act.

He recalled in this connection his classification of degenerative conditions into the simple spinal, cerebro-spinal and cerebral: he showed the different characters of special morbid obsessions and showed that they rose progressively from purely instinctive reflex conditions to psychic ecstasy and ideal mysticism. He gave in support of these theories a series of curious observations, most of which have been already published in former papers.

H. M. B.

CONSANGUINEOUS MARRIAGES—Dr Felix Regnault at the session of the French Association for the Advancement of Sciences, September, 17, 1892, (reported in *Le Progrès Méd.*, No. 39,) discussed this subject at length. He first noted the differences of opinion amongst authorities and then called attention to the special point of his paper, viz., the intermarriage among families dwelling in the same locality or what he called topographical consanguinity. He held that this kind of intermarriage had been not less distrusted than those of consanguinity of blood, and cited in support of this view the North American Indians and Australians. He had endeavored to find out whether there remained among civilized people any traces of simi-

lar customs. He had found, the more the inhabitants of any neighborhood intermarried among themselves, the more particular they were to avoid the marriage with near relations, and on the other hand, the more they married outside their neighborhood the less particular they were as to parental consanguinity. He had proven this fact for Hindostan. (*Bull. de la Soc. d' Anthropologie*, 1891.)

He had since then examined the registers from many communes in different parts of France, and the following are among the results:

At Offranville (near Dieppe) from 1735 to 1750, 75.7 per cent of young men married girls from their own commune. From 1873 to 1883 the per cent was only 54.6 at Aix les Bains (Savoie). From 1800 to 1802 the proportion was 71; from 1875 to 1880 it was only 15.7.

At Abington, according to the researches of Mm. Lagard, there has been a great deal of intermarriage. The percentage was 95.7 from 1701 to 1706; 87.5 in 1721; 80.7 in 1778 and 1779. This proportion is certainly very much diminished when we take into account the practice in large cities.

There is more and more intermarriage in the different communes at the present time. The proportion of males marrying females in the same commune, which was about two-thirds in the last century, is now about half. This is due to the great facilities of communication at the present time, which leads to the mixing up of the population. While statistics earlier than the eighteenth century are inaccessible, it is evident that in feudal times when communications were difficult intermarriage within the limited communities must have prevailed. It is precisely at that period when the laws against consanguineous marriages were most rigorous and kings were subject to them; they extended even to the seventh degree. In the last century they were proscribed only to the fourth and dispensations were allowed. At the present time the (Roman Catholic) church only forbids marriage between cousins german, and this prohibition is practically a dead letter since dispensations are readily granted. These rigorous laws were effective so long as they were useful in times past, and that they are now so nearly obsolete is due to the fact of their inutility in the present mixed populations.

A few localities have kept up the custom, formerly prevalent, of marrying within the community. These cases are vestiges of a former social condition, and to give them all their value it will be necessary to ascertain whether parental consanguinity, even remote, is not rigorously avoided.

This idea that marriage between persons from different localities attenuates parental consanguinity is not new, though it has not heretofore been applied to the human species. Darwin notes that farmers sow their fields with seeds coming from a distance, recognizing that they thus produce a better yield. Paul Réclus cites that in Orthez the Protestant population intermarry exclusively amongst themselves, to the damage of their physique; they are undersized and otherwise defective and include a great many epileptics, for whom they have special apartments constructed in their houses. Thanks to the railroads, however, this disease is becoming less frequent among them, as their marriages have on this account become less exclusive, though always in their own faith.

As a practical conclusion, it follows that when the physician is questioned

in regard to marriage between relations, he should not confine himself to ascertaining whether the individuals are healthy, vigorous and without hereditary taint, matters which he should consider in any case when his advice is asked in regard to marriage whether consanguineous or otherwise, but he should also inquire whether the parties have resided and been brought up in the same place and in the same surroundings. If this be the case, it may be well to suggest some restrictions as to marriage. H. M. B.

HEPATIC INSUFFICIENCY IN MENTAL DISEASE.—HEPATIC INSANITY.—Klippel, *Arch. Gén. de Méd.*, August, 1892, (abstract in *Rev. Gén. de Méd.*, No. 38). The importance of the lesions of the hepatic cells in the destruction of poisons and in the bio-chemical phenomena of nutrition indicates the part they play in the auto-typhations or auto-intoxications. The author seeks to ascertain their rôle in mental disorders. As regards this, two alternatives present themselves; either the part the hepatic lesions play is a secondary one in existing mental conditions upon which they may impose certain features; or, on the other hand, the liver disorders are primary and the mental disease seems to be the result; this is hepatic insanity.

Disorders of function of the liver are not necessarily, with the ordinary methods of clinical investigation, connected with tangible lesions, such as icterus, alteration of the hepatic volume and other common symptoms of liver disease. The lesion or the functional disorder of the hepatic cells may be produced without these and we find only the symptoms indicating bio-chemical changes: excess of uric acid in the urine, diminution of urea, insufficiency of the glycogenic function, fetidity of the fæces, peptonuria, urobilinuria. This last is particularly important; it co-exists with uric acid excess and with experimental glycosuria, caused by making the patient absorb 100 to 120 grams of cane sugar.

Urobilinuria can be detected either with the spectroscope or by the method pointed out by Mehn: precipitation of the urine by sulphate of ammonia in acid liquor, and taking up the precipitate with chloroform; the solution gives a green fluorescence with ammoniacal chloride of zinc.

Urobilinuria is habitually met with in general paralysis, and in chronic alcoholism; it is less constant in the vesanias, but its importance is considerable. In periods of excitement it often indicates a crisis and announces the end of the attack. Its pathogenic importance is, therefore, considerable, and it indicates the necessity of some therapeutic action on the liver.

Urobilinuria has direct relations with the destruction of the red globules; but in delirium, in maniacal agitation, and especially in melancholic attacks there is always a certain degree of disturbance of general nutrition of which deglobulization forms a part.

Urobiline has no toxic action on the nervous system, and its determination is only of value as it indicates disorder of the hepatic functions. It serves therefore only to point out the treatment, and recourse should be had to intestinal antiseptics, a milk diet, purgatives, the employment of alkalines, hydrotherapy and massage. All the foods that can produce or convey the toxins should be avoided.

The hepatic lesions found at autopsies are variable, but have one thing in common, the constant lesions of the hepatic cells. These are met with abundantly in general paralysis and in chronic alcoholism, but in some cases the hepatic lesions are the cause alone of general disorder, and we have a veritable hepatic insanity from auto-intoxication. Accessory causes may, it is true, aid in its production, they account for the differences that exist between different persons as regards their resistance to poisons, and among these we reckon any hereditary nervous predisposition of the patients, and the permeability of their kidneys. The pathological anatomy, therefore, of hepatic insanity is not confined solely to the liver, but that is nevertheless predominant among the pathogenic causes of the disorder.

By reason of these facts hepatic insanity may take rank with the insanity of Bright's disease, or that due to gastro-intestinal dyspepsia; all three have their origin in an auto-intoxication.

H. M. B.

POST PAROXYSMAL ALBUMINURIA IN EPILEPTICS.—Jules Voisin and A. Peron, *Arch. de Neurologie*, No. 69, 1892, (abstr. in *Rev. Internat. de Bibl. Méd.*) Postparoxysmal albuminuria is met with in about one-half of the cases of epilepsy, in all its forms and also often status epilepticus. It also seems to be met with after epileptic delirium and vertigo, but observations as to this need to be more numerous and more fully studied. The state of *mal épileptique* seems to be always accompanied with albuminuria. The presence of albumen may in some cases be a cause of error in the diagnosis from eclampsia. Albuminuria in epilepsy is always constant in the same individuals, but it is very transient and variable in quantity. It is especially seen during the first two hours after the attack, and seems to have a constant association with the congestion of the face; whence are derived certain deductions as to the pathogeny. To explain the albuminuria it is needful to take account of two factors: (1) the intensity of the phenomena of vascular dilatation which it is possible to estimate approximately by the facial cyanosis; and (2) the renal idiosyncrasies with little or no facial cyanosis, little or no renal vaso-dilatation, no albuminuria, and, on the other hand, with renal vascular dilatation albuminuria more or less pronounced.

H. M. B.

HAPHEPHOBIA.—This is the name proposed by MM. Weill and Lannois, *Lyon Méd.* No. 42, October 16, 1892, (abstract in *Rev. Gen. de Méd.*) to a peculiar series of symptoms observed by them in a man of 58, who, for as long as he could remember, had had a dread of being touched, so that even pointing the finger or offering the hand to him would make him start. He has not only an exaggerated fear of foreseen contact, but also of those that may occur unexpectedly. Thus, once, when standing in front of a window, he was touched by a comrade in play, and he immediately jumped out of the window into the street. It is only the fear of contact to come; when his hand is seized he trembles for fear of further contact of his body or face, which he keeps as far off as he can, but he does not withdraw his hand. Examination of the cutaneous sensibility reveals neither hyperæsthesia nor spontaneous pains, he is not especially ticklish. He is perfectly conscious of his

condition and knows that his dread is groundless, but he cannot resist it. From infancy he has been considered ill balanced, he is unreliable in work and his intelligence is rather limited, though he can hardly be classed as weak-minded. His heredity is bad, his father was affected in the same way and one brother was intemperate and became insane. It is necessary to distinguish haphophobia from the syndrome described under the name of *délire de toucher*, the emotional disturbance produced especially after contact.

The inconsiderate actions sometimes performed by the patient recall the phenomena observed by Beard in the Maine jumpers, and which Gilles de la Tourette and Guinon have compared to the convulsive *tics*. All those acts, however, were produced under the impulsion of an order suddenly given or imitation carried to an extreme degree, two conditions that do not exist in the patient described.

H. M. B.

THE TOXICITY OF THE BLOOD-SERUM IN ECLAMPSIA.—MM. Tarnier and Chambrelent, *Jour. de Méd. de Bordeaux*, October, 1892, (abstr. in *Gaz. Méd. de Paris*), have experimented in regard to the poisonous effect on rabbits of blood serum from eclamptic patients, and find that its toxicity is in these cases constantly augmented. In one case, considered as eclampsia, it proved only slightly toxic; the patient died and the autopsy revealed the fact that the case was one of pachymeningitis. The authors therefore conclude:

(1) That puerperal eclampsia is clearly the result of an auto-intoxication.

(2) That the diagnosis and prognosis of this disorder may be conveniently elucidated by experimental examination of the toxicity of the serum of the blood.

H. M. B.

NEURASTHENIA AND MELANCHOLIA.—In a paper presented in a competition for the Esquirol prize, 1892, and *couronné* by the *Soc. Médico-Psychologique*, (abstr. in *Jour. de Méd. de Paris*), M. Boissier has treated of the relations on neurasthenia with depressive insanity.

Among sixty cases studied by him he made use of only those who showed the least hereditary taint and who came the nearest to the pure melancholic condition, without hypochondria or persecutory delusions. He classified these as nearly as possible according to their graduation from the neurosis to the psychosis. After a rapid review of the present state of our knowledge, he points out the analogy of the etiological conditions. A succession of causes or the continued action of one produces first the neurasthenia and then the melancholia which appears as a stage of aggravation. But if there exists a sufficiently acting cause to produce melancholia at first, he asks if we should not see in this only a more intense type of the same morbid condition, such as is so frequently observed in other disorders? In fact, examination of acute cases of melancholia reveals all the physical and psychic symptoms of the two disorders but in a more intense degree than in the ordinary chronic cases.

Passing next to the physical phenomena, the author proposes the following questions: What becomes of the stigmata of the neurosis when the psychosis is established? Do they yet exist? Those that seem gone or modified, are they only hidden or exaggerated by the process that has given rise to the aggravation of the symptoms?

In depressive melancholia, he answers, all the symptoms of nervous exhaustion may exist and be combined in the same patient. Some, however, are aggravated, others unchanged, others still are modified or diminished by the immobility imposed by the psychosis.

As regards the physical characters, the general resemblance of the two conditions is such that it is difficult to certainly point out the difference, at least as a general rule. Stuporous melancholia is, after a fashion, the crystallization of the neurasthenic condition. The patient falls into a condition of absolute abulia, and loses all his energy, he scarcely re-acts at all to external impressions and is wrapped up in his automatic sensations and fixed impressions that form the central point of his insanity.

In his fourth chapter the author treats of psychic asthenia. The distress and extreme emotivity of the neurasthenic are, with his general lack of energy, the factors of his timidity and loss of self-confidence. This emotivity may sometimes escape observation in melancholias, but it exists, nevertheless, though with less pronounced manifestations, and is the less apparent the more depressed the patient. The outward signs, the facial expression, &c., are to some extent lacking, the irritability of the subject has suffered with the general depression and the automatic re-actions themselves have lost their activity. Some of these patients still dread any intercourse with strangers, and to such an extent that their tremor is noticeable even in stuporous cases. In others one can still note by the pulse the cardiac irritation produced by emotion, or the flushing of the brow in inert and mute individuals is perhaps the only indication. In the anxious, hyperæsthetic forms, on the other hand, where the depression is not so profound, the emotivity predominates, and the least external manifestation or internal phenomenon, arouses in the subject the most terrible distress.

The general diminution of all the energies leads to a general prostration, and, in a higher degree, it produces that stupor without delusions or ideas, without any cerebral activity whatever which should be distinguished from the apparent stupor with terrifying delusions. If the unequal failures of the various energies of the faculties form according to their groupings the different types of the disease, the equal general deficiency of the whole but varying in its intensity makes the difference between the sufferer from simple depressed nervous exhaustion and the melancholiac. The one is a paretic and the other a paralytic.

After reporting in detail fifteen observations and summing up his memoir, M. Boissier formulates the following conclusions: Neurasthenia is a morbid entity of which the constant symptoms—headache, insomnia, distress, tachycardia, disorders of general sensibility, depression—are in relation with those of melancholia.

H. M. B.

POST-MORTEM APPEARANCES IN A FATAL CASE OF PROGRESSIVE (HEREDITARY, SO-CALLED HUNTINGTON'S) CHOREA.—Drs. Kronthal and Kalischer

found the following pathological appearances in a case of this kind. Patient became choreic in her thirtieth year and remained so until death, at the age of forty-five. There was strong family history of chorea. 1. Dura mater strongly adherent to skull-cap, especially over the frontal region. 2. Adhesions between dura and pia. 3. Extensive, rind-like thickening of the pia with small-cell infiltration, and much vascularity: also formation of lamellæ in the parts of the membrane covering the convexity of the brain and the front boundary of the spinal cord. 4. Adhesion of pia to the cerebral cortex, especially in the frontal region and over the central gyri. 5. Slight atrophy of frontal lobe, with marked narrowing of the gyri (presumably frontal; this not stated). 6. Much vascularity of the cortex, some vessels having their walls thickened: small-celled infiltration about the vessels. 7. Holes in the lenticular nucleus (presumably produced by falling-out of blood vessels, or secondary to hæmorrhages). Blood-extravasation and pigment deposit about the vessels here: vessels blocked by organized clot. 8. The nucleus tegmenti of one side almost devoid of cells and nuclei. 9. Blood extravasation about the point of exit of the third nerve fibres. 10. Scattered points of degeneration in the crura cerebri. 11. Sclerotic foci in the gray matter of the ventricles. 12. Slight unilateral degeneration of the facial and hypoglossal nuclei, and degeneration of the ascending root of the fifth and the nucleus piniculi teretis, of one side. 13. Diffuse degeneration of the pyramidal tracts of pons and medulla. 14. Slight, diffuse degeneration of lateral and anterior columns of the entire cord as far as the lumbar region. Degeneration of the inner part of Goll's columns in the lower cervical and upper dorsal region. 15. Slight degeneration of the cells of the anterior horns, of those of Clark's columns, and of the anterior spinal roots. 16. Circumscribed sclerosis in "the commissure between the central canal and one anterior horn," in the mid-dorsal region. 17. Deficiency of chromatogenous substance in the ganglion-cells of the cerebral cortex. 18. Very slight degeneration of the peripheral nerves. The authors are not prepared to express an opinion concerning possible causal connection between any of these morbid conditions and chorea.—(*Neurologisches Centralblatt*, Oct. 1 and 15, 1892.) E. G.

EXPERIMENTAL STUDY OF BRAIN-PHYSIOLOGY.—Rossolimo, in studying the physiology of the brain, has employed a method by which the disturbance of functional equilibrium induced by depression of the special functional activity of any one part of that organ is increased, and consequently rendered more evident. This consists in injecting into the animal experimented on some agent known to affect brain-function, using the term in its widest sense: the injection is made after the extirpation of any given cerebral region, or after section of any given tract or tracts. The author experimented upon adult dogs, and used cocain and atropin for the purpose of bringing out disturbances of function. The re-agent was injected about ten days after operation, and the resulting symptoms watched for periods of one to five hours. These observations extended sometimes over a period of thirty months. The conclusions drawn are summarized as follows:

1. The movements exhibited after the effects of operation have passed may be regarded as the result of destruction of the greater portion of the brain on one side. 2. The direction of movements depends upon the site of the lesion. 3. Movements towards the side of the lesion are mainly referable to disturbances of muscular sense and, probably, of cutaneous sensibility: the lesion may be situated in any part of the motor area corresponding. 4. Movements in the opposite direction are exhibited when the lesion occupies the part of the cortex and subjacent medullary substance which adjoins the motor area and corresponds to the senses of sight and hearing: motility and muscular sense are, in this case, undisturbed. 5. Sensory disturbances are referable to associated changes in the appropriate peripheral organ or organs upon the side of operation. 6. After destruction of the inner margin of one posterior lobe with the underlying white matter, or after destruction of the corpus callosum and formix (apparently the posterior half is implied: no direct information upon this point), a tendency to backward movements of a compulsory kind is developed. 7. The psychical disturbances called forth differ in accordance with the position of the lesion. 8. Cocain aggravates the compulsory movements seen in these cases. Atropin has an antagonistic influence to cocain. 9. Latent disturbances of function are brought out, after section through or extirpation of certain parts of the brain, by introduction of a re-agent which has a toxic influence upon that organ. This method permits the study of the pathogenesis of some of the disturbances of function exhibited in nervous disorder.—(*Neurologisch. Centralbl.*, 15 October, 1892.)

E. G.

CEREBRAL SCLEROSIS.—Chaslin gives an account, with plate, of the microscopical appearances in three cases of epilepsy with localized atrophy and sclerosis of convolutions in various parts of the cerebrum. He found the morbid change to consist in a great development of "spider-cells" with atrophy of the nervous tissue proper. Parts of the convolutions were transformed into a felt of fibres and nuclei. Where the morbid change was least advanced, it was most marked at the surface of the convolutions. The capillaries and other blood-vessels seemed little affected, differing, in this respect, from the lesions of general paresis. In cases of epilepsy in which there was no change visible to the naked eye, he found a thickening of the superficial fibrillar layer of the neuroglia, and some increase in the fibrous and cellular element throughout the upper layer of the cortex.

From their behavior with chemical re-agents, he concludes that the fibrous elements of the neuroglia are of different origin from the fibres of ordinary connective tissue, and he holds, with Ranvier and others, that they arise from the ectodermic layer of the embryo.

From the fact that the vessels seem but little affected, and from the absence of products of inflammation, he is of the opinion that the lesion is of developmental, non-inflammatory origin.

The author complains of the confusion in which the whole subject of sclerosis of the nervous system is involved, and proposes the following classification:

INFLAMMATORY.

Primary....	{ Disseminated...Insular sclerosis.	{ Encephalitis and meningo-encephalitis.
	{ Diffuse.....	
Secondary.	{ Partial.....	{ From re-action against traumatism, foreign bodies, tumors, hemorrhages and softening.
	{ Diffuse.....	
	{ By primary atrophy of { Nerve-fibres { Some cases of general paralysis and encephalitis.	
		{ Cells..... { Lobar sclerosis [infantile hemiplegia.]
Mixed.....	Combination of primary and inflammatory lesions.	

NON-INFLAMMATORY.

Primary....	{ Gliosis.
	{ Tumors (?)
Secondary.	{ Arrests of development.
	{ Lesions of evolution.
	{ Lesions of involution (senility).
	{ Disturbances of nutrition.
	{ Inactivity (?)

—Arch de Méd. Expérim., May 1, 1891.

W. L. W.

HYSTERICAL APHASIA AND SIMULATION.—P. Ladame reports a case in which a woman who had become suddenly speechless from a fright, instead of being, as is common in such cases, completely aphonic, uttered, in her attempts to speak, guttural and nasal sounds—"han, hon, han." Recovery took place in a few days, under the influence of strong emotion. The case is interesting from the fact that Charcot has given the absence of aphonia as conclusive proof of simulation as distinguished from true hysterical aphasia, and quoted a case from one of Molière's comedies, presenting symptoms almost identical with the one under consideration, as an example of the errors into which simulators are likely to fall.—*Centralblatt f. Nervenheilk.*, June, 1892.

W. L. W.

SYPHILITIC SPINAL PARALYSIS.—In the *Neurol. Centralblatt*, 1892, No. 6, Erb treats of a form of spinal paralysis which he has observed in a large number of syphilitic cases, and which he thinks sufficiently well-defined to merit a separate description. It appears relatively early after infection—in thirteen out of twenty-two cases within the first three years and in only four later than six years—and affects exclusively the lower portion of the cord, the upper part of the body being entirely intact. It is characterized, in the earlier stages by weakness and stiffness of the lower extremities, and impairment of the function of the bladder, and progresses, usually in the course of some months, to a high degree of spastic paralysis, with exaggeration of the tendon reflexes. Cutaneous sensibility is not very markedly affected. Retention and incontinence of urine requiring the use of the catheter were only present in one-fourth of his cases. In many cases there was a tendency to decided improvement, especially under the influence of active anti-syphilitic measures; others progressed steadily to a fatal termination.

Transverse myelitis is the only disease which presents serious difficulties in the way of differential diagnosis.

The slighter degree of paralysis, with tendency to improvement after a short time, with comparatively little impairment of sensibility, is the principal distinguishing mark of the syphilitic affection.—*Ibid.* W. L. W.

EXOPHTHALMIC GOITRE WITH OSTEOMALACIA.—Koppen had a patient who suffered, for five years before coming under observation, from thyroid enlargement, exophthalmus and palpitation of the heart. While under treatment, she suffered, in addition to the usual symptoms of this disease, from attacks of angina pectoris and spasmodic seizures analogous to tetany. Although she claimed to have been formerly able to sing well, her voice was entirely without modulation. There was kypho-scoliosis, which the patient said had come on during the course of her illness.

At the autopsy, nothing abnormal was found in the nervous system, except that the brain was unusually heavy and the gray substance presented a peculiar reddish color. There were exostoses on the pelvis and lower vertebræ, and the lesions of osteomalacia were found by Recklinghausen, on microscopical examination. The patient had borne no children.

The author had observed another case of exophthalmic goitre, in which the patient, who had also lost her voice, had kypho-scoliosis and tenderness on pressure of the femora and vertebral column. Tenderness of the bones is the earliest symptom of osteomalacia.—*Ibid.* W. L. W.

EPIDEMIC OF HYSTERIA.—Observations by Dr. Palmer of Biberach, in Schwabia, with remarks by Professor Rieger. In a Catholic public school for girls, 13 pupils, between the ages of 12 and 14 were attacked, within a few months, by nervous seizures of a similar nature. The principal feature of the attacks was what appeared to be a profound slumber, coming on during the daytime, while the patients were about their usual occupations. It was very commonly preceded by abdominal pain or nausea, and headache. The patients could not be awakened by tickling, pricking the skin, &c., but in many instances could be aroused by blowing on the face; Dr. Palmer succeeded, in a number of the cases, in bringing on the attacks by command; most of the patients would carry out his directions while in the somnolent condition, and in several instances the suggestion, during the attack, that there would be no return of the condition proved efficacious in preventing recurrences. All the girls were debilitated and anæmic, and some of them were precocious in physical development, though none had menstruated. Prof. Rieger considers all the cases to have been evidently hysterical, in the sense of the definition which he quotes from Moebius: "All morbid changes in the body which are induced by ideas (*Vorstellungen*) are hysterical." Both he and Dr. Palmer emphasize the similarity of these attacks to the hypnotic state, which Rieger holds to be, itself, an hysterical phenomenon, and the application of which for therapeutic purposes he utterly condemns.—*Ibid.*, July-August, 1892. W. L. W.

INFLUENZA AND NEUROSIS.—Dr. Geo. H. Savage read a paper with the above title at the meeting of the Medico-Psychological Association, May 19, 1892, the main point of which was, that insanity follows influenza only in the predisposed. In cases in which the patients had suffered from previous attacks of insanity, the attack following influenza was apt to be of the same character as the former attacks. Any form of insanity, including

general paralysis, might have influenza as a starting point. Melancholia, however, was the most frequent, and was frequently accompanied by marked suicidal tendencies. Although the majority of such cases recovered, they were very tedious. In acute delusional cases, the symptoms frequently gave the impression that the delusions and hallucinations had been of long standing, occasioning an unfavorable prognosis that turned out to be wrong.

The author had met with only a few cases of transient improvement in the mental symptoms of the insane as a result of influenza, but had observed some interesting cases in which neuroses of long standing had been thus relieved—two of nervous deafness, several of spasmodic asthma, and one or two of migraine. Sufficient time had not elapsed to determine the permanency of the cure.—*Jour. of Ment. Sci.*, July, 1892. W. L. W.

GALL-STONES IN THE INSANE.—Beadles found gall-stones in 18 out of 50 consecutive autopsies on women in the Colney Hatch Asylum. This is a much larger proportion than he finds in any statistics taken from the sane population. The youngest of the patients in whom he found gall-stones was 42; the average age was a little over 65; three were over 80. None of them had presented symptoms of gall-stone during life. His statistics refer only to females, and he does not state explicitly whether or not he found any cases among men. He raises the question of causative relation between insanity and gall-stone, and suggests that the fact, which he believes to be established, that the insane are specially liable to catarrhal affections, which he thinks probably affect the mucous membrane of the gall-bladder, may render them more subject to this disorder. The sedentary life of women in hospitals for the insane may be another predisposing cause. The fact that cholesterine, the principal constituent of gall-stones, is also an important element of nervous tissue, is also alluded to, as possibly having some connection with the facts under discussion.—*Ibid.* W. L. W.

CASE OF COCAINISM.—Reported by Dr. Percy Smith, of the Bethlem Hospital. The patient, a trained nurse, aged 39, had formed the habit of using cocaine for the relief of pain, thought to be due to gastric ulcer. Beginning with a dose of three-fourths of a grain she increased it until she sometimes took as high as 36 grains at a dose. Attempts to break off the habit had been given up, on account of the feeling of utter misery occasioned by abstinence. A dose of ten grains imparted increased ability for sedentary occupations, lasting five or six hours, but at such times she could not go about, owing to a feeling of weakness. At the end of this time, she felt exhausted and lay down to rest, but was unable to sleep. The drug produced vertigo and palpitation. Appetite for food was lost, so that she took nothing but milk and water.

The mental symptoms for which she sought relief consisted in hallucinations of sight and hearing. She imagined that she saw people, principally acquaintances, in her room, and heard their voices; carried on conversations with them, and laughed at their jokes, the act of laughing arousing her from

a sort of waking dream, so that she came to herself again. She recognized the nature of the hallucinations, but had difficulty in distinguishing the real from the imaginary in her recollections. There were no hallucinations of other senses. With the complete withdrawal of the cocaine, the hallucinations ceased, and she was discharged in good health, about four months after her admission.—*Ibid.*

W. L. W.

IS KATATONIA A SPECIAL FORM OF MENTAL DISORDER?—J. M. Nolan reaches an affirmative conclusion in a paper read before the Medico-Psychological Association at Dublin, May 26, 1892. He accepts Spitzka's definition—"a form of insanity characterized by a pathological emotional state and verbigeration, combined with a condition of motor tension," with the addition, "running a *quasi* cyclic course of expansion, hysteria and stupor." He would limit the use of the term strictly to those cases which fulfill all the conditions of this definition, and does not think that the fact that some of the symptoms of the cataleptic stage may so far color other forms of mental disorder as to justify the term "katatonic," detracts from the value of the specific term. He recognizes four stages—depressed, emotional, convulsive and stuporose.

The depressed stage comes on insidiously, and is characterized by a passive, drowsy mental state, with grotesque visual hallucinations, not always of an unpleasing nature, and delusions of a mixed sexual, religious and persecutory type, which do not excite emotional disturbance in proportion to their apparent intensity. It is accompanied by anæmia, vaso-motor fluctuations, general wasting, masturbation, and trophic lesions.

The patient usually comes under treatment in the emotional stage, in consequence of some violent outburst due to his hallucinations and delusions. The intensity of the emotion, however, soon subsides, and "the emotions evoked become pathetic, the pseudo-pathos taking the form of silly and shallow exhibitions of feeling with a strong color of religious and erotic delusion, theatrical and declamatory speeches and attitudes are struck to give emphasis to the most common-place remarks with an effect so ludicrous that the patient commonly breaks down into a laugh, as if realizing the complete absurdity of his bombastic utterances." In this stage is developed the symptom "verbigeration,"—the declamatory repetition of utterly meaningless phrases, words and syllables. This stage passes gradually into the following.

The stuporose stage may vary greatly in duration and intensity. It differs from that of cataleptic melancholia in that the hallucinations, although they may be disagreeable, are not terrifying, and may be pleasant. A rigid resistance to passive movement is more common than "flexibilitas cerea." Vaso-motor disturbances are not so extreme as in other forms of stupor, and food is generally taken when offered. The nutrition may improve in this stage.

With respect to etiology, the author believes general degenerative changes and hysteria to be at the bottom of the morbid states. Although he admits the importance of masturbation and sexual excess as exciting and aggravating circumstances, he does not believe them capable of any such effect in a

person of originally sound organization. In regard to the former practice he says: "From a very extensive experience of all classes of youth, sane and insane, I have found that the injurious effects of the vice named were infinitesimal in proportion to its almost universal practice." Women are comparatively exempt.

The author does not think that any satisfactory anatomical basis has yet been found for the mental disturbances in this, as in most other forms of insanity. He questions the importance of the changes reported by Kahlbaum and others; personally, he has had no opportunity for autopsies in such cases. He is inclined to suspect that defective working of the connecting fibres between the various centres concerned in speech may have quite as much to do with the peculiar disturbances of that function as disorder of the centres themselves.

Five cases are reported, illustrating various phases of the disorder.—*Ibid.*, October, 1892.

W. L. W.

ARTIFICIAL PRODUCTION OF NYSTAGMUS AND CONJUGATE DEVIATION.—Bach found that in a large proportion—about half of those on whom he experimented—revolution about the vertical axis excited nystagmus, the first movement occurring in the contrary direction to the revolution, and that in a small number of cases conjugate deviation of the eyes in the direction of the evolution was produced. He explains it by the tendency of the eyes to anticipate the movements of the body. Constant revolution in one direction, continued for sometime, would produce a strong innervation of the muscles turning the eyes in that direction, with relaxation of their antagonists. When this condition exists in a high degree, we have conjugate deviation persisting after the movement ceases; in a less degree the effort of the antagonist muscles to restore equilibrium would at first be only temporarily successful, giving rise to nystagmus.—*Centrablatt f. Nervenheilk.*, November, 1892.

W. L. W.

ASSOCIATED MOVEMENTS OF PERIPHERAL ORIGIN.—Senator reports the following interesting case in a paper on associated and compensatory movements in paralysis (*Berl. Klin. Wochenschr.*, 1891, Nos. 1, 2). A painter, fifty-three years old, received a fracture of the skull, by a fall from a scaffold, which left him with headache and an uncomfortable feeling on the right side of the neck in swallowing. A year later he had an attack of right-sided hemiplegia with aphasia; the paralysis and aphasia improved, without entirely disappearing. He remained unable to work.

When he came under observation, eleven years later, he had right-sided hemiparesis, with diminished sensibility, contracture of the extremities, exaggerated tendon-reflexes and foot-clonus of the affected side. Choreatic movements of the affected arm were induced by excitement, walking, attempts to move it, and often by any extensive movement of the sound arm. Very remarkable associated movements were excited by protrusion of the tongue, which deviated strongly to the right. The paralyzed arm, which was usually held in a slightly flexed position, was convulsively flexed at the elbow, and the hand, with extended forefinger, the other fingers being firmly flexed,

was jerked up to the level of the ear and temple, as in a military salute. Voluntary and passive movements of the arm produced no movement in the tongue. As the same movement took place when the tongue was slowly and carefully drawn out, and could also be elicited by pressure on the painful part of the neck, the author concludes that it is due to an irritable condition of the nerves of the brachial plexus, due to inflammatory adhesions consequent upon the injury, which are drawn upon by the muscular movements involved in protruding the tongue.—*Ibid.* W. L. W.

PATHOLOGY OF MUSCULAR ATROPHY IN HEMIPLEGICS.—The spinal cords of two cases of hemiplegia with muscular atrophy were examined by Joffroy and Achard, (*Arch de Méd. Expér. et d'Anat. Path.*, 1891.) In the first, which had lasted for two years, only slight changes were found in the cells of the anterior horns; in the second, of 27 years' duration, they were decidedly atrophied. On the ground of these and other similar cases the authors reject the theory that atrophy in such cases is due to neuritis, or to disturbances in cortical trophic centres, and believe that there is invariably an alteration of the cells of the anterior horns, under the influence of the diseased pyramidal tracts. The contractures they consider as evidence of irritation of these cells; if exhaustion takes place, the result will be atrophy of muscles, whether or not there is demonstrable lesion.—*Ibid.* W. L. W.

ANATOMICAL CHANGES IN THE SPINAL CORD IN GENERAL PARESIS.—A peasant, 44 years old, was admitted to the psychiatric clinic at Würzburg, with a history of insanity of two weeks' duration. He had been confused and excited, with destructive and erotic propensities. His father and grandfather had been insane. At the time of his reception he was very strong and robust, free from deformities, organic diseases and disturbances of innervation. He was confused, incoherent and elated. In the next few days his excitement increased to what seems to have been substantially an attack of "acute delirium." He talked incessantly and incoherently; gesticulated; took extravagant postures, destroyed his clothing, and refused food. He lost flesh rapidly; lips, tongue and teeth were covered with sordes; breath offensive; pulse small. After five days' abstinence, he was fed by means of stomach tube; the food was retained, but he continued to lose flesh and strength, and died on the eleventh day after his admission, with symptoms of gradual asphyxia. There was no fever, and no pulmonary disease. At the autopsy, oedema of the pia mater, with evidence of chronic leptomeningitis, was the principal lesion found. The brain and spinal cord were preserved for histological examination, but were lost, with the exception of a portion of the latter. Sections of the spinal cord, from the fourth to the seventh cervical nerve, stained by Weigert's method, were submitted to Schlesinger for examination. He found a degeneration of both lateral and anterior pyramidal columns, consisting in disappearance of considerable groups of nerve-fibres which were not replaced by any other tissue, the neuroglia and vessels appearing entirely normal. In addition, there was a peripheral sclerosis, involving the entire circumference of the cord, to a depth of from 0.3 to 1.5 mm.

In the most peripheral portions, a great development of vessels, filled with leucocytes, had taken place and the hypertrophied neuroglia was infiltrated with nuclei. Interiorly to this there was a reticular tissue, with much fewer nuclei, and still further inward, the reticular appearance had mostly disappeared and the principal lesion was the presence of coarse longitudinal bands of fibrous tissue.

The diagnosis, which had been considered doubtful before death, the author considers settled in favor of general paresis by the degeneration of the pyramidal columns. In regard to the question whether this is to be considered as independent of the peripheral sclerosis, he inclines to the belief that they depend on a common cause, most probably toxic.

[Query: May the disappearance of the nerve-fibres in the pyramidal columns be supposed to be the initial stage of ordinary sclerosis?—*Ibid.*, October, 1892.

W. L. W.

CASE OF IODOFORM INTOXICATION.—Naecke reports (*Berl. Klin. Wochenschr.*, 1892, No. 7) a severe attack of mental disturbance which he experienced in his own person, in consequence of applications of iodoform for an extensive eczema. The onset was sudden, about ten days after the application, (whether after the beginning or end is not stated). There was extreme impairment of memory, so that he did not recognize his wife; did not know where he was; could not remember what had just been said. There was also a sort of paraphasia, so that he often used other words than he intended; dream-like fancies, suggested by what was said, and a changeable emotional state. The physical strength, which was very greatly impaired, was rapidly regained, but the mental disturbance disappeared very gradually; he could not remember formulæ for prescriptions, and it was difficult for him to comprehend what he read. Irritable weakness of the emotional nature lasted for a long time, associated with neurasthenic symptoms. Recovery was complete only after the lapse of four and one-half months.

The author attributes the mental disturbances to the formation of albuminate of iodine in the cerebral substance, which was slowly eliminated.—*Ibid.*

W. L. W.

EXHAUSTION OF THE VISUAL POWERS OF THE INSANE.—König, at the meeting of the *Berliner Gesellschaft für Psychiatrie und Nervenkrankheiten*, June 6, 1892, the results of examinations of the visual field in patients at the Dalldorf Asylum.

Exhaustion of the visual field consists in a more or less irregular contraction of the field of vision during perimetric examination, whether it was contracted at the beginning of the examination or not. By the customary method of testing, if the temporal side is first examined, the nasal side of the field will be found disproportionately small; if the examination is repeated in the reverse order, the comparative contraction of the field will be greater on the temporal side.

The author, to save time, examined by moving the test-object slowly across the field of vision, noting the points of entrance and emergence, and then

retracing the movement in the same meridian. He examined two hundred and fifteen patients—ninety-nine men, one hundred and sixteen women—and found this condition in eighty-one: twenty-two men, fifty-nine women. Only eight of these were cases of simple psychoses; the remainder were cases of general paresis and other organic diseases, chronic alcoholism, hysteria, epilepsy and traumatic psychoses. In the last-named condition he only found this symptom wanting in seven cases; in the remainder he does not state the proportion to the numbers examined.

He agrees with Wilbrand that the contraction of the visual field goes on more rapidly in the earlier part of the examination, and that it is more extensive in the temporal than the nasal side; in some cases it is only noticed in the former. Sometimes only one eye was affected, which leads him to think that, in such cases, at least, the affection is retinal, not central. He believes contraction of the field of vision, whether constant or variable, to be of great importance as a symptom, and, from experiments on himself, is satisfied that successful simulation of a moderate degree of this condition is practically impossible.

W. L. W.

OÖPHORÉCTOMY IN HYSTERO-EPILEPSY.—Dr. A. Van der Veer (*Transactions of the Medical Society of the State of New York*, February, 1892), reports the results of removal of diseased ovaries and tubes from six patients suffering with hysterical convulsions. In two cases there was decided improvement; convulsive attacks continued after the operations but with less severity and more infrequently. Of the remaining four patients, two were not benefited, and the others, each of whom had had convulsions for ten years, were absolutely cured. The indications for surgical treatment Dr. Van der Veer summarizes as follows: "History of early nerve strain; decidedly irregular menstruation; a train of symptoms bound to a condition of hystero-epilepsy, and associated with pelvic disturbances; and failure of a thorough and intelligent course of medical treatment."

J. M. M.

PERMANGANATE OF POTASH IN THE PREPARATION OF FRESH SECTIONS.—E. T. Wynne describes in *The Lancet* (September 24, 1892) the preparation of fresh sections of the central nervous system by Bevan Lewis' method, with the substitution of permanganate of potash for osmic acid as a fixing re-agent. The sections, as soon as cut, are plunged into a 0.1 per cent. solution of permanganate, where they remain not longer than ten seconds (four to five seconds is sufficient for normal brain). They are then transferred on a glasslifter to a basin of clean cold water. They are slightly tinged yellow, which comes out in the process of washing and staining. The sections which have accumulated in the basin of water are put into a 0.25 per cent. solution of blue-black (or a 0.1 per cent. solution of china blue), where they remain from ten to fifteen minutes. A large quantity of stain should be used and care taken that the sections are freely exposed to the dye. When stained they must be well washed in water, picked up on slides and allowed to dry. The best results are obtained by allowing them to dry slowly over night, but with care they may be dried in about an hour

in a warm chamber. There are three points of importance—the water and the permanganate solution should be cold; the under surface of the knife blade should be wiped after cutting each section; and freezing the tissue hard should be avoided—it should cut like a potato. The advantages which permanganate offers over osmic acid are these: (1) Its cheapness. (2) The solution is of a known strength, which can hardly ever be the case with osmic acid. (3) It is quicker, and by its use the section has not to be floated off the knife before immersion in the fixing solution.

J. M. M.

“POLITICAL INSANITY.”—The Berlin correspondent of *The Lancet* quotes the following from the new edition of Professor von Krafft-Ebing's work on forensic psycho-pathology: “In history and in our own time one comes upon large numbers of people who, discontented with social arrangements, feel called upon to better the world. There are innumerable such pseudo-geniuses in society, both in the harmless province of important inventions and proposal for the public good which prove in the light of criticism to be mere vain desires or utopias. The clinical marks of these abnormally constituted persons are infinitely various. In many the mental endowment is weak and their intellectual productions bear the stamp of crazy eccentricity which clearly distinguishes them from those of genius. Many such remain all their lives in the stage of abnormal world-menders and pot-house politicians, but from the suggestions of others or the influence of excited times they are apt to lose the remnant of their discretion. Then they feel impelled to convert their ideas into action. They appear in the rôle of tribunes of the people, leaders of rebellions, founders of sects or political parties and plunge themselves and others into misfortune. * * Such unfortunates fall at last into complete megalomania, and if they obtain power for a time they use it in accordance with their degenerate natures as tyrants. * * If they are placed in lunatic asylums they regard their sequestration as actuated by envy and fear of their great talents and go on cultivating their ‘ideas,’ awaiting the time of their realization. Their final fate is extreme megalomania, confusion, psychic debility.” J. M. M.

LIGATURE OF THE VERTEBRAL AND CAROTID ARTERIES IN EPILEPSY.—The operation of ligaturing the two vertebral arteries, with an interval between the operations, for epilepsy not having given satisfactory results, and having been abandoned both by English and Continental surgeons, Dr. Chalot of Toulouse has proposed, and indeed carried out in a few instances, some modifications. First of all he ligatured the vertebral arteries of the two sides at one operation, and subsequently he constricted the common carotid artery, so as to lessen its lumen by about one-half, at the same time and with the same incision as he used for the vertebral artery. When this was done an interval of a week or a fortnight was allowed to elapse before the corresponding operation was performed on the other side. He is not as yet able to speak positively as to the effect on the epilepsy, but there seem to be indications that some improvement has occurred.—*The Lancet*, October 22, 1892.

J. M. M.

NEW METHODS OF EXAMINING NERVOUS TISSUES. Vassale (*Revista Speriment. di Freniatria, Vol. xvii. Fasc. iv*) gives the following methods, introduced by him and practised successfully in his laboratory: 1. Mix together 50 pts. Müller's fluid and 50 pts. aq. sol. osmic acid, 1 per cent: to mixture add 2 gr. acetate of uranium. Shake and decant. A liquid is obtained which, in a few days, is limpid and slightly yellow. Mix five parts of this liquid with five parts of an aqueous solution of silver nitrate, 1 per cent, and add, drop by drop, dilute ammonia, until the red ppt. formed is quite dissolved. Then add once more nitrate of silver, 1 per cent., in drops, until a light red color is obtained: this should persist after shaking well. Filter. In this liquid place a small portion of spinal cord, hardened in Müller for 40—50 days: a much longer stay in the latter is not prejudicial. The cord remains in the fluid for three to ten days, but after the second day, trial examination may be made, as follows: A portion of grey matter is squeezed between cover-slip and slide, in water, and subjected to a high power. A successful specimen presents a meshwork of nerve—and neuroglia—fibres, the former distinguished by the medullary sheath, stained by osmic acid, the latter by their extreme tenuity and unstained state.

Having obtained such a result, the next step is to cut a more or less thick section by razor, transverse if the grey matter is to be examined, longitudinal if the white. Squeeze the section between cover-slip and slide lightly, place the squeezed-out tissue in 10 ccm. aq. destill. in a mortar, and agitate well. Allow a sediment to form, remove by pipette a drop from the bottom of the vessel, and examine under a high power. Specimens so prepared exhibit well nerve-elements and neuroglia, the cells of the latter being especially striking.

2. Take a few ccm. of the Müller-osmium-uranium mixture, before mentioned, and render alkaline by ammonia. Filter off the resulting yellow ppt., and in the filtrate place a piece of spinal cord from a calf just killed. In from twenty-four to forty-eight hours make a section—which will be rather thick—of the grey matter, squeeze out, in the way mentioned, and examine in a drop of the fluid mixture. The ganglion-cells and nerve-fibrils of the grey substance are well seen. To make sections, place the piece of cord, after thorough penetration by the mixture, in formic acid sol., 3—5 per cent.: here it is fixed. Transfer to gum, and then harden in weak alcohol. The sections are treated with ammonia or potash, and preserved in concentrated solution of carbonate of ammonia.

3. A portion of fresh spinal cord from a calf is placed in pure piridin, five times its own volume. In eight to twelve days it is hardened, dehydrated and clarified by this re-agent. Thence it passes into xylol, and subsequently through the ordinary paraffin process. The paraffin removed, the sections pass from alcohol into the foll. stain:—aq. sol. of alum, 5 per cent.; sat. aq. sol. acid fuchsin, added to former by drops, until a fairly deep red color results. In this they remain one to twelve hours, according to the amount of fuchsin added. Wash in acid alcohol, until a rose-tint is obtained: clear, mount in balsam. In this way the intra-cornual nerve-meshwork is well brought out. Instead of fuchsin, Ehrlich's hæmatoxylin may be employed.

4. The portion of fresh cord is hardened, dehydrated and cleared in a mixture of piridin and xylol, equal parts (six to ten days). Cut in paraffin, and stain sections as in No. 3. The axis-cylinders of the intra-cornual nerve-fibres are intensely stained, the medullary sheaths appearing as delicately stained hñlos around them.

5. The fresh cord is fixed (twelve hours) in abs. alcohol containing some sulphate of copper (no quantity specified): it is then placed in piridin for five to eight days. Proceed as in No. 3. After staining with Ehrlich's hæmatoxylin, the fibrillar structure of the ganglion-cells is well made out.

6. Grey matter from the fresh cord of the calf is spread out finely on a slide, which is then warmed until the tissue is dry. A stain is made as follows: to a few ccm. of a 5 per cent. aqueous sol. of piridin add four to six drops of sat. alc. solution of basic fuchsin: an intensely red, transparent liquid results. A few drops of this stain are placed upon the preparation and the slide warmed. Staining complete in a few minutes. Wash in water, dry, decolorize and clear in clove-oil, mount in xylol balsam. In this way the fibrillar structure of the nerve-cells can be rapidly and effectively shown. The author has hitherto applied these methods chiefly to the examination of the spinal cord.

E. G.

FOLIE Á DEUX.—Kuhnen (*Allgem. Zeitschr. f. Psych.*, 48 B., 1 and 2 H.) reports a case, that of an asylum nurse. Up to the time of the disorder she had enjoyed good health and had never shown mental aberration. No hereditary predisposition to insanity. She had, however, led an unhappy life at home, in consequence of which she was unduly timid, sensitive, and impressionable. She lacked self-confidence, and was unusually dependent upon sympathy and encouragement. This girl (æt. 17) was put in charge of an insane patient subject to hystero-epilepsy. She herself presently fell ill, complaining of headache, pains in the limbs, and anorexia, and on the evening of the day on which these symptoms appeared she had a genuine hystero-epileptic seizure, closely resembling the patient's attacks, and followed by other seizures, similar in type. She ultimately made a complete recovery.

E. G.

BOOK REVIEWS.

Reform in the Treatment of the Insane. Early History of the Retreat, York; Its Objects and Influence, with a Report of the Celebrations of its Centenary.
By D. HACK TUKE, M.D., L.L.D., formerly Visiting Physician to the Retreat. London: J. & A. Churchill, 1892.

This handsomely printed volume contains the address by Dr. Tuke at the Centennial anniversary of the York Retreat, May 6, 1892, and the account of the celebration at that date at the Retreat and the subsequent one at the meeting of the British Medico-Psychological Association, July 21st. Dr. Tuke's paper is not by any means the dry narration of facts that he seems in his prefatory remarks to fear it will be considered; it is a very interesting and well told history of the beginning of the great reform in the treatment of the insane in England one hundred years ago. It is a very notable fact that almost simultaneously Pinel in France and William Tuke in England should have inaugurated the same amelioration in the condition of these unfortunates in their respective countries independently of each other. Others, it is true, had noticed the abuses and made some slight attempts to remedy them, but it required the philanthropic energy and persistence of such a man as Tuke to effect the reform and show the better way by the example first given by the institution of which he was the founder. It is of interest and not unsatisfactory to learn in this sketch that he found in a native of this country, though an Englishman by adoption, Lindley Murray, one of his most active coadjutors in his work of reform. On the other hand, there is a little of a sting in fact that the needed reform in Great Britain should have been initiated by a layman and against opposition from those who ought most to have favored it.

The extent of reform instituted by Tuke and Pinel in the treatment of the insane in their respective countries can hardly be appreciated at the present time, so great has been the change produced. We still find, however, more or less reversion to the "bad old times," as Dr. Tuke calls them, in some of our jails and poorhouses. We can personally also recall a so-called asylum where handcuffs were an ordinarily used form of restraint within the past twenty years. Ignorance and brutality still have their own way in many obscure localities, but what is now a scandal was the recognized method of treatment throughout Christendom a century ago. It seems to have been thought nothing amiss in England when even royalty itself was subjected to it, for we are informed that the insanity of George the Third, though apparently of a mild type, was treated according to the prevalent doctrines of the day.

Although Dr. Hack Tuke, in a manner, apologizes for the frequent introduction of his family name which has been necessitated in this historical sketch, there seems to us to be a special propriety in its authorship by one who bears the name of the illustrious pioneer of the modern improved treatment of the insane, and who has himself so well maintained the tradi-

tions of his house. As Sir Arthur Mitchell well says, in his letter to the General Secretary of the Medico-Psychological Association, the spirit as well as the name of Tuke seems to have been transmitted to his descendants.

Syphilis and the Nervous System.—Being a revised reprint of the Lettsomian Lectures for 1890 delivered before the Medical Society of London. By W. R. GOWERS, M.D., F.R.C.P., F.R.S., Consulting Physician to University College Hospital, Physician to the National Hospital for the Paralyzed and Epileptic, etc. Philadelphia: P. Blakiston, Son & Co., 1892. [12mo., pp. viii-131.]

The lectures composing this little volume are three in number. The first treats of the Ultimate Pathology of Syphilis; the second of The Origin of Functional Nervous Disorders Attributed to Syphilis on Imperfect Evidence, and the third of The Essential Principles Underlying the Prognosis of Syphilis of the Nervous System. They deal, almost exclusively, with general principles, not going into details of pathological anatomy, diagnosis or treatment. Hence the student, with no previous knowledge of the subject, would be little wiser after reading them than before. Neither do they profess to announce the discovery of any new facts. Their aim is to make clear the mutual relations and the significance of facts already known. In this aspect of the subject, we think that no one who is interested in medicine as a science, not merely a set of empirical rules, can read them without pleasure and profit.

The author thinks it scarcely to be doubted that the cause of syphilis is a micro-organism, though he thinks it by no means certain that organism has yet been identified. In syphilitic lesions he recognizes two elements—a process of inflammation, and one of tissue-formation. Sometimes one and sometimes the other predominates. In a "gumma," for instance, there seems to be no more of the congestive element than in most tumors, while the inflammatory or congestive element is almost pure in many of the early skin eruptions and some cases of iritis. In the latter class of cases, even when they are open to inspection, it is frequently impossible to determine the question of syphilitic origin from the lesions themselves, and the best that can be done is to form a judgment of the probabilities of the cases from its history or other evidence of the past existence or absence of syphilitic lesions, or from the effects of treatment. In the case of degenerative processes, in which there is no characteristic morbid product, and specific treatment is unavailing, the only recourse is to the statistical method. By this method he has satisfied himself as to the frequent causal connection of syphilis with tabes. In 170 cases in his own practice, he found satisfactory evidence of syphilis in 55 per cent., with history of venereal sores of uncertain nature in an additional 14 per cent. He believes that a considerable addition should be made to these figures on account of untraceable syphilis, and is of the opinion that those who ascribe 75 or 80 per cent. of cases to this cause are not far from the truth. He holds a similar view in respect to general paresis, although he does not give figures in this connection. Simple atrophy of the optic nerve, and "ophthalmoplegia" are also instances of disease in which syphilitic history has been found in too large a proportion of cases to be dismissed as a mere coincidence.

It is impossible to give a satisfactory abstract, within the limits at our disposal, of the chapter on diagnosis. In general, he gives the following as the essential steps: 1. What is the seat of the lesion, as indicated by the symptoms, and what its nature as shown by their course? 2. Is the process thus indicated one of those that may be syphilitic? 3. Has the patient had syphilis? 4. Can any other cause of such a morbid process be traced? Lastly, and subsequently, we have to see whether the result of treatment confirms our conclusion." He has found the occurrence of severe and obstinate headache, antedating symptoms of arterial obstruction, to be a sufficiently frequent symptom of syphilitic disease of the arteries to make it of value in distinguishing between this condition and thrombosis from other causes.

With regard to prognosis, the author takes the ground that syphilis is an incurable disease, in the sense that "There is no real evidence that the disease ever is or ever has been cured, the word 'disease' being here used to designate that which causes the various manifestations of the malady." Although many of the lesions of syphilis are remarkably amenable to treatment, we are never safe in saying that a patient has seen the last of it. In view of the fact that many mild cases of syphilis apparently recover perfect and permanent health without treatment, he thinks it open to question whether the cases in which the same result follows antisyphilitic measures can be considered a proof of their efficacy in cutting short the course of the disease. In considering the prospect if recovery from syphilitic lesion of the nervous system, we must take into account the effects of pressure of the morbid product, the resulting destruction of nervous elements, and the process of cicatrization after the absorption of the specific growth. The necrosis of tissue caused by syphilitic disease of blood vessels is necessarily incurable.

Holding the opinions that he does in regard to the essential incurability of the disease, he is opposed to long-continued anti-syphilitic treatment after the disappearance of symptoms. Some cases which he has observed of fresh outbreaks during such a course of treatment have led him to suspect that the virus may become "acclimated" to the remedies. On the other hand, he is inclined to favor a course of three weeks' duration once in six months for several years after the disappearance of symptoms, in the hope of anticipating the development of lesions. As a rule, he finds no superiority in the results from the use of mercury, either alone or combined with iodide of potassium, over the latter alone, in nervous syphilis. In the degenerative conditions, such as tabes and general paresis, he has not only seen no good from antisyphilitic remedies, but is of the opinion that they are likely to do serious harm by their debilitating effects.

In respect to prophylaxis, as to the only effectual means, he gives no uncertain note. "The opinions that, on pseudo-physiological grounds, suggest or permit unchastity are absolutely false. . . . With all the force that any knowledge I possess and any authority I have, can give, I assert that no man ever yet was in the slightest degree or way the worse for continence or better for incontinence. From the latter all are worse morally; a clear majority are worse physically; and in no small number the result is and ever will be, utter physical shipwreck on one of the many rocks, sharp,

jagged-edged, which beset the way, or on one of the many banks of festering slime which no care can possibly avoid. Even let us then, with our power for good or evil, beware lest we ever give even a silent sanction to that against which, I am sure, on even the lowest ground that we can take, we should resolutely set our face and raise our voice."

Criminology. By ARTHUR MACDONALD, Specialist in Education as Related to the Abnormal and Weakling Classes, U. S. Bureau of Education; Member of the Medico-Legal Society, New York, and the Anthropological Society, Washington, D. C., and U. S. Delegate to the International Society of Criminal Anthropology at Brussels, 1892. With an Introduction by Dr. CESARE LOMBROSO, Professor of Legal Medicine at the University of Turin, Italy. New York: Funk & Wagnalls Company. [12mo., pp. iv-416].

In the introduction, Professor Lombroso emphasizes his idea of the criminal type, and endeavors to remove some misapprehensions in regard to his views on that subject. The assumption of a criminal type does not involve the belief that all criminals, or indeed any individual, must fully conform to it. . . . "When it is said that the average of life is thirty-two years, and that the month least [sic] fatal to life is December, no one understands by this that all, or almost all men should die at thirty-two years, and in the month of December." . . . "The type is indeed an *ensemble* of traits, but in relation to a group, which it characterizes, it is also the *ensemble* of its most prominent traits, and those repeating themselves the most often."

Mr. MacDonald has, as we understand, spent a long time in preliminary study in this country and Europe, and his book gives evidence of extensive reading. It contains a large amount of interesting and curious information about mental and physical characteristics of criminals, collected from various sources, and interesting observations of individual cases by the author. Nevertheless, the impression it gives us is a disappointing one.

It is divided into two parts—the first, on General Criminology, being, according to the author's statement, compiled from the researches of others; the second, on Special Criminology, containing personal studies, by the author, of six typical criminals. There is also a bibliography of the subject, occupying 136 pages, or about a third of the book.

It would not, perhaps, be fair, to find fault with a work professedly made up, like the first part of this, of the researches of others, for failing to give a clear idea of the author's own opinions on the various mooted points included in his subject, nor is it necessary that, if he chooses to make his book an exposition of the views of a particular school, he should discuss all the arguments brought up by those of a different way of thinking, but, in such a case, we might reasonably ask that the subject should be so digested and assimilated in his mind as to furnish an orderly and logical account of the opinions he adopts. We do not think such is the case in this work.

The author evidently adopts the view of the school of Lombroso, that there is a distinct criminal type of physical and mental organization; in fact, he nowhere, so far as we have noticed, intimates that there is any question about it. When we come, however, to enquire what this criminal

type is, we find it by no means easy to define it. It would seem that there is as much variety in the physical and mental characteristics of the practitioners of various branches of crime as between members of the various honest trades and professions. If such is the case, the proper course would be, it seems to us, first, to give a connected account of the bodily and mental characteristics of criminals as a class, and then an account of the peculiarities of each species or variety. Nothing of the kind is attempted. In one place we have statements in regard to the very various physiognomy of murderers, thieves, violators, etc.; in another, the brain-weights of a number of unclassified criminals; elsewhere a statement that there are ten kinds of mendicants, of which four are enumerated, the rest lumped under an etc., and no account given of the physical or mental peculiarities of mendicants as a class or of the different kinds.

Criminal hypnotism is assumed as an unquestioned fact, without any notice of its denial by some of the most eminent investigators on the subject.

In his citations of authors, Mr. MacDonald merely mentions the name without any other data for reference, and he often passes from a statement in his own language to what is evidently a translation from a foreign tongue, without any notice to the reader. His renderings are not always into idiomatic English, as the following examples will show:

"Murderers and thieves who break open houses [burglars?] have woolly hair, are deformed in the cranium, and have powerful jaws, enormous zygomæ [sic], are covered with scars on the head and trunk, and are often tattooed; habitual homicides have a glossy, cold, immobile, sometimes bloody [sanguinary?], and dejected look, often an aquiline nose, or better, a hooked one like a bird of prey, always large; the jaws are also large, ears long, hair woolly, abundant and rich (dark); beard rare, canine teeth very large; the lips are thin. It is a common custom for the brigands to wear tresses as a sign of terribleness." [p. 41].

"Sometimes the metaphor is worthy to rest in ordinary language. 'Juileettiser' to dethrone is in French for drinker, in Spanish for vagabond; a Grecian is one who deceives in the game. A number of locations with homophonic allusions to certain persons or places; to go to Niort is to deny, (French *nier*) to go to Rouen is to be ruined (*ruine*)." [p. 107.]

We think this latter paragraph is worthy to find a place in future editions of "English as she is spoke."

It might have been well for the author to ask some medical friend to look over his proofs, and revise his translations of technical terms. Such a one might, for instance, have told him that "paludism" which he explains, in a foot-note, as "marsh disease" [p. 66], is what is called malaria in this country, and that "atheroma" is a more appropriate term than "ateromasia" in an English book. He might also have told him that a group of muscles is "innervated," not "enervated" by its nerve. We suspect that it was Holmgren, and not "Holomgrena," who made certain observations on the color-sense in criminals. [p. 71].

The cases described in the second part of the book are classified as follows: "Pure murder," one case; "pure theft," three cases; "pure meanness," two-

cases. The term "meanness" is not used in the sense of any definition to be found in Webster; he explains that it "is intended to be applied to those individuals who hate almost every one around them, and who persist in displaying it in the form of meanness" [p. 256.] "Pure cussedness" would, in our opinion, have been more precise and equally classical. As the author says, the "type" has been considered from the psychological rather than the physical side. In view of the importance attached by Lombroso and his school to anomalies of physical structure in the genesis of crime, it would seem not amiss for the author to have briefly noted the presence or absence of such stigmata. He gives, it is true, the measurements of his subjects but it would require a pretty laborious comparison to extract from them a part of the information that might be given, much more intelligibly to the ordinary reader, in a few sentences, or by means of photographs. The method, which would seem to have been thoroughly carried out, was, after selecting the most typical cases of a class of criminals, to obtain all the information possible from the prisoner, records, the various prison officials who had been in contact with the prisoner and the personal statements, written and oral, of the criminal. It may be noted, that the one case of "pure murder" had never committed, nor, so far as appeared, attempted homicide. He was a juvenile offender, committed on account of an aggravated and unprovoked assault. Although it seems clear enough that he would be likely to commit murder with little or no provocation, we think it might not have been impossible to find an equally typical case in which the murder was not merely potential. With this exception, if any further evidence is wanting, that the system at present almost universally in vogue in civilized countries, of inflicting determinate penalties for specified crimes, and then letting the criminal go, on the supposition that society has "got even with him," to run up another score, is as senseless as can well be devised, whether respect be had to the reformation of the criminal or the security of the community. With the author's practical conclusions as to the proper treatment of criminals we are in complete accord.

The bibliography furnished at the end of the book will be useful to the student of the subject. How complete it is, we are unable to say, but it is certainly ample enough for a beginning.

Lectures on Mental Diseases. Designed Especially for Medical Students and General Practitioners. By HENRY PUTNAM STEARNS, A.M., M.D., Physician Superintendent of the Hartford Retreat; Lecturer on Mental Diseases in Yale University, &c.

This work comprises twenty-nine lectures prepared as a basis for instruction in mental diseases to the medical students of Yale University. It is therefore intended as a primary text-book or compendium of mental medicine, though this term hardly conveys an adequate idea of its scope and purpose. It is probably better described as a practical treatise on mental diseases covering the ground that is demanded for the needs of the general medical practitioner. As such it has a useful function and appeals to a more extended class of readers, to whom it can be of perhaps greater practical value than would be a more elaborate treatise, covering the

whole territory of psychiatry fully and completely. The requirements of such a work as the present one as to the treatment of its subject are, however, not less imperative, and we do not see from our examination that Dr. Stearns has, in any important particular, failed in the task. He has produced a volume that is clear in statement and practical in the full sense of the word; the result of long observation and experience with the subjects of which it treats.

As is often the case, the first lecture is of the nature of an introduction. In it the author gives some leading facts of the anatomy and physiology of the brain and nervous system and some general statements of physiological psychology, such as may serve the purpose of preparing the ground for the subsequent descriptions of the real facts of insanity. Next he takes up "the elements of insanity" defining and describing hallucinations, illusions, imperative conceptions, or concepts as he terms them, insistent ideas and delusions. By insistent ideas he understands a more elaborated or complex condition of the simpler conception, and follows Dr. Edward Cowles in preferring this name to the more generally utilized one of "fixed idea". All these are illustrated by actual cases in such a way as to amply support the definition, and afford a clear conception to even the most inexperienced in this class of subjects. In the chapter on classification, which follows, Dr. Stearns adopts for the most part an etiological classification, while still, of course, retaining the main symptomatic forms of mania, melancholia, &c. Any classification must necessarily be only an arrangement for convenience in systematizing the knowledge we possess, and can in no case represent more than a very remote approximation to the absolute relations. It is none the less a convenience, however, and a chapter given to it is appropriate in any systematic work on insanity. The objections of the author to the designation *paranoia* which lead him to substitute for it the circumlocutory term "delusional insanity," seem a little strained. While *paranoia* in the Greek means simply madness or insanity, it may without any great impropriety have a more special signification in English or in the universal language of science, and it has this in its favor that it is applied to that special form of mental disorder that is characterized by the symptom which has been considered by the popular and also by the legal mind as the essential indication of insanity. Its shortness and convenience alone will probably be enough to be give it a permanent standing in the nomenclature.

Besides the five primary forms of insanity mania, melancholia, delusional insanity, circular insanity, and dementia, the following mainly etiological species are described in detail: the insanities of adolescence, the climacteric, and old age; puerperal and ovarian insanity, and the insanity of masturbation; alcoholic, syphilitic, epileptic, and hysterical insanities; general paresis, insanity of organic brain disease, acute delirium; phthisical, rheumatic, and post-febrile insanities. These while not covering all possible forms, still comprise nearly all cases that are likely to come before the general practitioner for diagnosis or treatment. The descriptions given and the illustrative cases are throughout good, and the author's views are, as might be expected, judicious and sound. In only one or two points do they seem to call for any special comment. As regards the etiology of paresis, Dr. Stearns

holds that a pre-existing diathesis must exist back of all exciting causes,—the congenital congestive tendency that has been made so much of by some of the French authorities. Syphilis he has himself found in only a very small proportion. It seems to us probable that, as investigations are carried on in the near future, this factor will come to be considered the essential one and that the so-called tendency to congestive conditions will be left, altogether in the background.

In puerperal insanity, while the possibility of infection is not ignored, due stress is hardly laid upon it as a cause. There are a few other unimportant points in regard to which there might be difference of opinion with the author, but it would be of no particular advantage to state them here, and they do not impair the value of the work. It is what it attempts to be, a student's and practitioner's manual, supplying the information needed by non-specialists in psychiatry, and also a work that may well be added to the library of any working alienist. The author's style is good, and, from the numerous illustrative histories, it is very interesting reading. It can be recommended unreservedly to the class of readers for whom it is intended.

The usefulness of the work is enhanced by an appendix containing abstracts of the laws regarding insanity in all the States and Territories of the Union, which seems to be fully up to the latest legislation in every section.

H. M. B.

A Treatise on Nervous and Mental Diseases, for Students and Practitioners of Medicine. By LANDON CARTER GRAY, M.D., with one hundred and sixty-eight illustrations. Philadelphia: Lea Bros. & Co., 1893.

This volume is stated by the author in his preface to include the results of his labors in the selection and clinical verification of facts during the past seven years, in all of which he has been well known as an active and leading specialist in the department of neurological medicine. This alone is a recommendation of the work, since it could hardly fail under such circumstances to contain very much that is of practical value. In the present case we have a book that will be welcomed by the many who desire a modern text-book on nervous diseases that is comprehensive and practical, and especially full in the details of the treatment of these affections that are so often matters of perplexity to the general practitioner. It will be found, on this account, to meet the wants of a large number perhaps better than would another equally meritorious text-book less full in this regard.

The first chapter, as is usual in works of this kind, is devoted to a general description of the architecture and mechanism of the nervous system. This is not as extended as is sometimes the case with other works of this kind, but it is probably sufficiently detailed to meet the needs of the readers, and the explanations are very clear and intelligible. Dr. Gray has probably met the difficulties in this regard better than he could well have done in a more lengthy and elaborate description. He calls attention also, and it is worthy of note here, that all the figures, excepting those obviously schematic, or those credited to other authorities, are drawn from nature and represent the actual conditions observed in examinations. The advantages of this plan,

especially as regards the cerebral convolutions, are obvious; the student is not so much puzzled to identify the topography in actual brains under observation amid the complications of gyri unindicated in the ideal sketches. This chapter is followed by a very clear and practical one on the use of electricity in its application to mental and nervous diseases.

Part II begins with a brief but rather satisfactory statement of the facts of cerebral localization, followed by a very good description of the methods of diagnosis in general use in the examination of nervous diseases, with practical suggestions from the author's own experience. We do not see mention, however, of some niceties of sensibility that should hardly be altogether unnoticed, such as hyper-sensitiveness to special temperatures, transferred and delayed sensations, &c. Other tests that have been brought forward as of importance, such as the virile reflex of Hughes, are omitted, probably because they were not considered as having, as yet, a definite value.

The chapters on special disorders of the nervous system, comprising the major portion of the book, are as full and complete as could be demanded within the limits of a work like the present one. With hardly an exception the clinical descriptions are excellent, the etiology, pathology, diagnosis and prognosis are very fully discussed, and the remarks on treatment are, in most cases, as already intimated, especially full and valuable. Dr. Gray states in his preface, and it is evident to anyone perusing the work, that "especial care has been taken to make the therapeutical suggestions sufficiently detailed and precise to cover the varying stages, symptoms and complications of disease, as well as to follow the important indications afforded by differential diagnosis. . . . Only that knowledge has been admitted to these pages which has stood the test of experience." This statement seems to be pretty well borne out on examination of the book: there are certainly few that are more satisfactory in this respect. Some apparently promising therapeutic procedures are unmentioned, it is true, but undoubtedly for the reason stated above that they have not yet been sufficiently tested. Among these may be mentioned the comparatively recent observations of thyroid transplantation in myxœdema, which seem as promising of good results as many accredited methods that are referred to here.

There are a few nervous disorders or syndromes that might have received special mention that are omitted; such, for example, as some of the different forms of pachymeningitis and leptomeningitis, cerebral and spinal, and some others. Some of these are referred to in the remarks on the differential diagnosis of other affections, but for some reason the author has omitted their description, &c., as independent disorders. On the other hand, *astasia abasia*, though hardly more than a manifestation of *hysteria*, receives extended notice. These omissions, though very few in number, detract a little from the completeness of the work.

A very notable feature is the bibliography that is given of most of the subjects, and which is, in the case of some of them, quite extensive.

Part III, on mental diseases, commences with a paragraph on the classification of insanity that is slightly tempting to criticism. Dr. Gray remarks that it may be regarded as an axiom "that whenever any great stress is laid

upon the classification of diseases, the knowledge of those diseases is yet in its infancy." This may be true, and if so, it shows the modesty of those who, knowing the most of insanity from study and observation, have acknowledged the deficiencies of their knowledge by giving so much attention to the subject of the relations of the various types of mental disorder to each other and have endeavored, though in an imperfect way, to systematize a little the mass of facts of mental disease. There is the same reason for attempting to classify forms of insanity as there is for classifying the insane, and while any extended remarks upon the subject are not essential in a work like the present one, the case is different with a more extended and systematic treatise on mental diseases, which would be incomplete without them. They would have their value there, were it only as affording a convenient method of giving the approximate synonyms of the different types.

The forms of mental disease here described are, in their order, melancholia, mania, katatonia, periodical insanity, furor transitorius, epileptic insanity, delirium grave, hallucinatory insanity, hebephrenia, paranoia, paralytic dementia and idiocy. Besides those given to these there are brief but instructive chapters on delusions, hallucinations, &c., morbid fears and impulses, sexual perversion and simulation of insanity; the latter, however, amounting to very little more than the statement that feigned insanity can only be detected by one thoroughly acquainted with the various types of the disease.

In melancholia Dr. Gray calls attention to the association of three symptoms which he claims to have been the first to emphasize, namely, the peculiar faces, the insomnia, and a peculiar sensation or complex of sensations which he designates as the post-cervical ache, generally felt in the occiput and back of the neck, though occasionally extending over the vertex and down the spine. It seems probable that this symptom is more prominent and general in the milder or incipient cases of melancholia that had come under the observation of the neurological specialist than in the more advanced cases that constitute the majority of those that are received by the asylums.

In this connection it is worth noting that Dr. Gray expresses himself as a disbeliever in the asylum treatment of curable cases of insanity. If he had simply stated that he believed in the home treatment for all cases in which it is practicable, it would have been a more reasonable expression of opinion, and, except in these milder cases of melancholia, the question of practicability is narrowed down very seriously in the vast majority of cases of acute insanity that occur in families unblest with ample means.

With the exception of paranoia and parietic dementia, the other forms of insanity are rather briefly treated. The definition of mania, that it is "a form of insanity in which the cerebral reflexes are increased and attended with great mental pleasure" does not seem to us satisfactory, and it is noteworthy that neither in this form of insanity nor in melancholia is there any particular mention of the value of hydrotherapy in the treatment,—a rather important omission. Warm baths are, however, recommended for the maniacal attacks of paresis.

Dr. Gray rather favors, though with reservation, the operation of craniectomy in certain selected cases of idiocy, but regards it as only a last resort. The section ends with a chapter on the pathology of insanity, forming an interesting summary of the main facts at present certainly known in regard to the somatic alterations connected with mental disorders.

The section on mental diseases, while less satisfactory in some respects than the remainder of the book, is, nevertheless, instructive and valuable. The subjects are treated from the standpoint of a practicing neurologist and not from that of an asylum physician, and there is quite a difference in the aspect of insanity as seen from these two points of view. The consulting neurologist probably sees more of the mildest types of depressive insanity than does the asylum physician, also the incipency of paresis and certain special phases of other forms come more under his observation. On the other hand the well developed types of insanity are best seen in the institutions, and the subject as a whole can certainly be best studied in them.

Dr. Gray does not fully appreciate the therapeutic advantages of hospitals for the insane, but appears inclined to consider them less as remedial agencies than as a protection or convenience to society; as asylums rather than as hospitals, and so far as his book expresses this opinion it seems to us misleading to the student. Aside from this, it is instructive and interesting.

Of the work as a whole we can say very little except in its praise. Its style is clear and very readable, and the illustrations are numerous and excellent. A glossary of special terms is appended which will probably be found useful by the student. While it is intended as a text-book, not assuming any special knowledge on the part of its readers, the volume is full of valuable original matter that renders it a desirable addition to the library of the specialist in nervous and mental diseases.

H. M. B.

Third Annual Report of the State Commission in Lunacy. Transmitted to the Legislature February 15th, 1892. Albany: 1892.

The tardy appearance for review of the third annual report of the State Commission in Lunacy, is due to the fact that, just before the printed report was ready for distribution, the entire edition was destroyed by the fire which occurred at the State printer's several months ago.

The present report is in some respects the most interesting which has been presented by the Commission, and is a State document of much importance and value. It is a voluminous publication of some five-hundred and eighty pages, divided into four parts, comprising in all thirty-two chapters.

Part I, composed of sixteen chapters, deals with the State System in general. Of these, the first chapter is devoted to a review of the State Hospitals, and contains a series of questions and answers covering the general policy of each hospital, its method of administration, corps of employés, methods of purchase and distribution of supplies, a few statistical details, and the appropriations from the State treasury necessary or desirable for the ensuing year.

The Commission calls attention to the fact that little or no system has obtained in the past in the matter of securing appropriations for various institutions from the legislature, or the application of these appropriations to the extension of the hospital accommodation. Some question may be permitted whether the state of affairs as outlined by the Commission's report in Chapter III is not susceptible of a more favorable showing than is there made. It must be remembered that some of the gentlemen of the Commission are somewhat new to the subject of the general hospital management and policy of the State, and that, like all other commissions engaged in a great and somewhat novel enterprise, they have possibly assumed that they are pioneers in a field of work which in fact has been well tilled and cultivated before their time.

It is not to be doubted, however, that the force of the argument is on the side of the Commission, and it will be a distinct advance, and one upon which it will properly deserve congratulation and credit, if it can so regulate the appropriation and expenditure that the greatest good shall accrue to the greatest number.

Every one will agree with the animadversions of the Commission upon the differences in the salaries paid the physicians to the various asylums, but then these differences are not unnatural when one considers how they have been brought about. We believe that there is now less disparity in this respect than at one time. In some instances, small salaries were paid when the institutions were in their infancy, and the increase did not keep pace with the growth of the hospital; in others special inducements of larger salaries were held out to induce a change of location, and possibly in some favoritism played a part. We have known such things to occur, and possibly some members of the Commission may have had such instances in mind. It would seem that it ought not to be difficult to regulate such matters by conference and mutual agreement between the various boards of management and their executive officers. This agreement should, of course, include the pay of subordinate officers and employés, although we doubt very much whether higher wages in one institution has attracted to it attendants and nurses from others, thus producing, as the Commission thinks, "instability" in the service.

We cannot agree with the Commission as to the necessity or wisdom of making the wages of male and female employés approximate each other in rate. Such equality of wages does not obtain in other walks of life and the question is, after all, wholly one of supply and demand. Nor do we think the hours or services of the women nurses longer or more arduous than those of the men.

The suggestions of the Commission as to the application of the civil service rules, and the competitive examinations for positions upon the medical staff of State hospitals, cannot but meet with the approval of all who have carefully considered the status of affairs in the State. At the same time, the reviewer can see no possible objection to a plan which would permit the superintendent to appoint a person selected by himself, in case his selection meets the required tests, so far as the fitness of the appointment is concerned. The suggestion that the appointment of all subordinate employés

be placed wholly in the hands of the superintendent is to be commended. We would suggest, as a further safeguard, that it be made an offense punishable by fine or imprisonment for any State officer to approach any superintendent, directly or indirectly, for the purpose of influencing his appointments.

Could not the authority be obtained from the municipalities or counties in which the various State hospitals are located to appoint certain of the employés of these institutions as special officers, police or otherwise, with authority to arrest trespassers? This would seem a more simple method than the passage of statutory amendments, which, by the way, seem to be a favorite remedy of the Commission, a remedy in some instances unnecessary and cumbersome, as in the example just cited.

Costly experience has shown the inutility of too frequent amendment and change of existing statutes. The lunacy laws should be as simple and burdened with as few extraneous matter as possible. No one can tell, when a legislative body commences to amend and add to existing laws, what the issue will be.

In Chapter VII the Commissioners fall into the practice, so common, unfortunately, with those having to do either with the inception or execution of reform movements of any kind, of being conveniently blind to much that has been done in the past,—the very stepping stones upon which the reform movement has risen, and declaim against that which, "up to within a recent period," has been the rule of practice, the guiding principle of lunacy administration. What has preceded the days of the Commission and the present lunacy laws, was "disastrous, unfortunate and inhumane," the "result of unenlightened selfishness," and produced the "enforced legal recognition of 'incurability.'"

These quotations represent the adroit way the writer of the Report has of putting things. Had he said that the legal recognition of "recoverability" was enforced by the earlier statutes, and that they were framed under the conditions which then existed, in order to permit the greatest good, as far as recovery was concerned, to the greatest number, he would have more correctly represented the exact status of affairs prior to "a recent period."

If future experience in the State of New York, under the present Lunacy Commission, as shown by the statistical tables published by that body, shall show that any material number of the insane whose attack has lasted eighteen months or more prior to admission, recover, there may be some possible ground for asserting that the former days of lunacy administration were "disastrous, unfortunate and inhumane."

Until the Commission shall show that the results of universal experience in this country and in Europe have been misinterpreted, until they shall prove that all stages of insanity are alike curable, until it shall be admitted as the result of some reliable experience that "chronicity" and "unrecoverability" are not to all intents and purposes synonymous terms, it would be more becoming to show less haste in condemning everything which antedates "a recent period."

From the statistical tables in the present report it is shown that of the 1,594 cases which recovered in the period of three years, 1888 to 1891, but

a trifle more than ten per cent. had been insane over eighteen months when admitted. What more striking evidence is needed to show that a system, which endeavored, amid obstacles and discouragements of which the present Commission fortunately knows nothing by experience, to secure for the "recoverable" few what it could not secure for the many, State care and treatment, was not "disastrous," "unfortunate" or "inhuman," or the result of "unenlightened selfishness."

This fact may indeed be placed in a stronger light. Of the average population of the State hospitals 8.6 per cent. recovered for 1891. Upon the same basis, as shown in the table of duration before admission of those discharged recovered since October 1, 1888, but a trifle over eight-tenths of one per cent. of the average population of the State hospitals who have been insane over eighteen months will recover, and yet the Commission take issue with those who presume to assert that for all practical purposes "chronicity" and "unrecoverability" are synonymous.

In the foregoing computation, the period of eighteen months is taken as a fair one upon which to base a calculation, for the reason that it may be safely assumed that no case was sent either to Willard, Binghamton or one of the county almshouses from any of the acute asylums, in which the duration of insanity had not been much over that period. Indeed, those cases admitted upon the certificate of indigence granted by county judges were entitled to a period of at least two years' care and treatment, unless sooner recovered.

If a calculation could be based upon the actual facts, a more positive proof of the correctness of the opinions which until "a recent period" have been accepted in New York could be presented.

In Chapter VII, upon maintenance, the Commission animadvert with, perhaps, justness, upon the difference in cost between the various asylums supposed to be conducted upon the same general plan. It is not to be denied that in the past there has been a lack of business methods in the matter of purchase and distribution of supplies, but we think that no one will successfully contradict the assertion that, as compared with other departments of the State, the asylum system has been remarkably free from suspicion of jobbery and corruption.

What may be expected with a central purchasing and distributing power we should not like to predict, but we fear the temptation would be very strong, too strong, possibly, for any single purchasing agent or combined commission to withstand.

We are quite confident the Committee of which Senator Woodin was chairman was mistaken in their report of the powers and duties of the English Lunacy Commission, and regret that the present Commission should perpetuate and give official sanction to the error. The English Commission does not, as is intimated on page 232, regulate the expenditure nor do they control the appointment of officers in English Asylums. Their reports are models of what reports of inspectors should be. They have, it is true, certain powers in regard to the detention and custody of patients and the discharge of those improperly committed, but, as Lord Shaftesbury, for so many years the eminent chairman of the Commission, said, they do not derive

power. Their duties are chiefly ministerial and not judicial or executive. This is as it should be with Commissions of this character. Immediately a body of men is given supervisory powers to which are added the ability to enforce their views without the right of appeal, and possibly with the fear of appeal before the eyes of those under their supervision, there exists a power which, with the best intentions on the part of those at any one time in office, may be most unjustly used by those who come after them.

The best opinion of those who have given the subject consideration and thought is that, as far as the treatment of patients is concerned, i. e., as regards non-medical questions, their detention, food, clothing, surroundings, kindly and considerate care; a supervisory commission should have the power of applying such remedies as the case in point might seem to demand; but at once such a body assumes wider and larger duties, the officers of the institution become their creatures and servants, and they, virtually, the managers of the institutions. At once the question arises: "*Quis custodiet ipsos custodes?*"

With all due deference to the wisdom and judgment of the authors of the present report, the reviewer cannot but deprecate the tendency, which the report appears to indicate, to a general unification of everything connected with the asylums of a great State. It can be readily seen that for purposes of comparison, and to obtain accurate information upon which judgment may be based, a uniform system of accounts and of methods is expedient, and no question exists as to the wisdom of such a move. But is there not danger, Messrs. Commissioners, of being carried away by such a desire for uniformity that all independence of thought and action on the part of the medical officers of the asylums will be strangled and a dead level of mediocrity attained?

Progress in the past has been made upon independent lines of work. Methods of management have been tried and either found wanting or adopted, lines of thought have been followed out by individual thinkers which have in time modified the general work of all others in the same field; but has science reached the point where it can be laid down as a dictum that this or that method is the best for all? Would it not be far better to encourage independence of thought and action and frequent interchange of views, that the best may be adopted, as it suits the characteristics of each institution and the judgment of its executive officer? Moreover, how can the Commission judge which is best without a comparison of different methods? In what matters is the "tendency of modern times toward unity and uniformity?"

If the authors of this report will attentively read the English Lunacy Commissioners' reports, and examine the systems of Germany and France, they will observe that there is a wide dissimilarity between the methods and practices of various institutions of the same countries. In this connection, reference may be made to the suggestion of an appointment of a pathologist by the Commission. It would seem this would be a rather delicate matter to regulate. The pathologist should, of course, be a medical man, and must perforce, to do good pathological work, have some knowledge of the clinical features of the cases under consideration. Such being the case, he would be subject to the rules of the hospital to which he was attached for tem-

porary work and the superintendent might feel some embarrassment in directing and possibly criticising a creature of the Commission.

Chapter XVI deals with "State care of the insane." At the outset the Commission takes up the cudgel against the Willard system as something established on an untenable basis.

The Willard asylum was established to do exactly what the present State care act is now so thoroughly doing—to take the insane paupers from the alms-houses. The title of the act establishing the Commission had this expression, "the better care of the insane poor." If it did recognize the fact, a fact which the Commission will not be able to disprove, that after a prolonged period of insanity recovery was doubtful, it also demonstrated that the cost of care of these cases was less than that of the acute and presumably recoverable cases, and it moreover contained a provision that all cases of insanity of less than one year's duration should be sent to what has since been termed the acute asylums. If it failed in its mission to relieve the county asylums, that was the fault of the legislators who, against the protests of those best informed on the matter, exempted or permitted others to exempt various counties from the provisions of the Willard act.

If Willard now "treats all its insane with reference to their curability," is it to be implied by the Commission that any other course was pursued in the past? Do any more of the *same class* of patients as were at Willard before the change in the State system, recover there than formerly? Do any more of this class recover anywhere? If so, the Commission is bound to enlighten the profession on the subject and to give some detail of the methods pursued.

Is it not a fact that by the establishment of a lower rate for all of the State hospitals for chronic cases—excuse the phrase—for cases under care for a period longer than three years, that the Commission has confirmed the assertion that these cases need less and different care from the so-called acute cases? Is the present law based upon a "pitifully strained plea of economy?"

We doubt that the words chronic and incurable had any appreciable effect upon the patients. The words had no doubt less effect than the declaration which now must by rule be made to every patient admitted to institutions of the State that they are insane and inmates of a hospital for treatment of insanity. We would not for a moment be supposed to plead for indirection in dealing with the insane, but would it not have been possible to have left the time and manner of making the declaration to the judgment of the medical officers of the various hospitals?

We predict that the time will come,—it must come if the hospitals are to do the best work in keeping down the continually accumulating mass of insanity—when a marked difference will be made in the care of the recent and chronic cases, a difference which will be manifest in more than the price charged to counties for their care. Then the hospitals will, in their own bounds, possess a "Willard"—a department for quiet "chronic" cases—and an acute department, where all the best knowledge of the day can be concentrated upon the hopeful cases, and not dissipated in haphazard work upon these cases as they are scattered among the great mass of hopelessness.

Such a course would encourage original work, and it is absurd to say that such a course would in any respect disregard the right of all the insane to be treated as recoverable. The chronic cases would have just as good a chance as the acute cases have now, and the acute cases an infinitely better chance.

The statistics of the Commission show that but about eight per cent. of the average population are recoverable cases, which is a little lower than we should have been inclined to put it, but this includes the low average of the present population of Willard and Binghamton, and, after all, represents the state of affairs which will soon obtain in the State of New York, and this showing but adds force to our argument.

The statistical tables, as far as the method of computing recoveries is concerned, seem to us wholly on a wrong basis. If the Commission were to be requested to present the percentage of recoveries after amputation of the thigh in New York, would they take the average population of one-legged persons in the State as a basis of calculation? Would they not, on the contrary, take all the cases operated on in any one year, or all the cases operated on in a series of years?

The percentage of recoveries should show, and it is by universal acceptance understood to show, the probabilities of recovery in any group of one hundred new cases of insanity and not the average recoverable cases taken from a group of patients some of them just reaching the limit of their career and others just entering upon the early stages of the disease.

Did time and space permit, it might be interesting and profitable to examine into the relations of the Commission to the private hospitals. A brief reference to a statement on page 330 must, however, suffice—Does the Commission mean to intimate that the law gives them the power of “destroying the property as well as the good will” of an institution “at a blow”? If it does give such power, does the Commission wish it to be inferred that the Courts would sanction any such enactment?

It certainly appears that such a measure would lodge in the hands of a Commission, no matter how just and fair-minded, an arbitrary power which no body of men, outside the highest Courts, should possess, and that a judicial interpretation of such a law would at once declare it void.

Cannot the new medical act, and the good judgment of the heads of the private asylums be trusted in the matter of selecting proper assistant physicians for these places?

There are many other points in the report which it would be interesting to examine, many matters are to be commended and some questioned.

The remarks of the Commission upon the commitment of the insane should set at rest the popular feeling of distrust on that point, but it will take long years of persistent effect to train the public mind.

On the whole, the Commission is doing a good work and they must excuse a friendly caution not to attempt too much or to go too rapidly.

They stand between the people and the Hospitals, and must be looked upon to defend the Hospitals from hostile or prejudiced or ignorant assaults and criticism, and to guarantee to the people that their rights and interests shall in every way be preserved. To do this, they must act without interest

as for either side—and, in order to keep as far as possible within the line of non-prejudice, they must encourage liberty of thought and action, and not endeavor to establish a system of which they must at the same time be the sponsors and the judges.

E. N. B.

New South Wales: Report for 1891 of the Inspector General of the Insane.
F. NORTON MANNING, M.D., Inspector-General.

On the 31st of December, 1891, there were 3,134 registered patients, a ratio of one insane patient to every 371 of the estimated population of the colony. The proportion of insane to population in New South Wales is smaller than in either England or Scotland, and very much smaller than in Ireland; and although the number of insane in New South Wales is more than double what it was twenty years ago, and is still rapidly increasing, the increase has only been co-incident with, and not out of proportion to the increase in the general population. "Whilst there is a measure of satisfaction in these conclusions, it should be borne in mind that the condition of New South Wales, with regard to the number of insane should be even more favorable than it is. Although certain exceptional causes have been operative in the past and others are still existent in the colony, the general causes which tend to mental deterioration—the grinding poverty, the strain and struggle for existence, the gross overcrowding, and the unhealthy surroundings of the dwellers in large cities, and the mental and bodily pauperism of the Wiltshire and Dorset and other agricultural laborers in England—are for the most part absent, or, at all events, are much less prevalent."

There were admitted during the year 596, of whom 539 were admitted for the first time; discharged, 325, of whom 297 were reported recovered, and 28 relieved. The percentage of recoveries on admissions was 49.83, the highest recovery rate yet attained, the average rate for the preceding ten years having been 43.49. There were 233 deaths. In 113 cases, or nearly one-half, death was due to cerebral disease; in 42 cases, to consumption or other thoracic affections; in 28 cases to general debility and old age; and in 24 to epidemic influenza. This epidemic, which prevailed in the months of October and November, is stated to have been the most important event of the year, the inmates of four of the five hospitals having been prostrated by it. At the Parramatta Hospital, early isolation of the cases prevented the spread throughout the institution of the disease for at least three weeks, and emphasized the benefits to be obtained from quarantine; this experience showing the necessity of complete segregation of the sick and thorough disinfection of the wards, bedding and clothing. In the table of causes of insanity, alcoholic intemperance is most prominent, the insanity of 75 patients being attributed to it. Other physical sources of especial note were epilepsy, old age and chronic ill health. The most prolific moral causes were domestic trouble and adverse circumstances. 261 patients were transferred from one institution to another, either for official reasons or upon the request of the patients themselves or their friends. Changes thus made were decidedly beneficial and in some cases the transfer has been the starting point toward complete mental restoration. During the year

234 patients were absent on leave. Of these, 99 were discharged recovered, 61 were returned, 2 died, and 72 remained away at the close of the year. The leave of absence system has been in operation for several years, and has been found of sufficient benefit to warrant its continuance and its extension to a larger number of patients. The casualties were two suicides, one death by drowning, two deaths of general paralytics by strangulation by food, and two deaths during epileptic seizures.

The number of patients employed at industrial occupation has slowly increased, but difficulties are experienced in developing the industries to their desired extent, in poor farm surroundings and in lack of proper workshops.

Three hospitals have established training-schools for nurses.

Provision for the insane has been increased by the addition of the Rydalmere Hospital which was gazetted April 4, 1892. This institution, formerly a Protestant Orphanage, was set apart for the insane in 1888, and has since been occupied by a few reliable patients to prevent further dilapidation of buildings already much out of repair. Extensive alterations have been made, and suitable accommodation has been provided for 217 quiet, chronic cases. It is proposed to construct an additional ward specially designed for fifty epileptic patients.

J. M. M.

Cape of Good Hope: Reports of the Medical Committee, the Vaccinating Surgeon, the Inspector of Asylums, and on the Government and Public Hospitals and Asylums for 1891. Presented to both Houses of Parliament by command of His Excellency the Governor, 1892.

The Colonial Hospitals of the Cape of Good Hope reports in this official publication give a very fair idea of what is being done in that distant part of the world in behalf of the insane, as well as those suffering from bodily disease and cared for in the public hospitals. There are, it appears, five different public asylums in that colony, one or two of them, however, apparently in provisional or temporary buildings ill adapted or unsuitable for the purpose to which they are applied. Additional accommodation seems to be needed badly, as only about one-third of the registered and non-registered insane are provided for outside of jails and private houses.

Of the existing asylums, that at Grahamstown under the charge of Dr. T. Duncan Greenlees seems to be the most complete and modern in its appointments and management, and wins the especial commendation of the inspector.

The ratio of mental disease to population in the colony, including both the registered and non-registered insane and idiotic, appears to be, for the whites, one to five hundred; for the native or colored population, one to nine hundred and sixty-eight. Of the registered insane, or those in the care of the government, from whom the inspector calculates his ratio, three hundred and three are colored out of a total of six hundred and fifty-nine. The effects of civilization on an inferior aboriginal race of strong vitality, in the production of mental disorder, are worthy of careful study, and perhaps no better opportunity will ever be given than is at present afforded by the conditions in the Cape Colony.

As a whole, these reports indicate that the colonial authorities are philanthropic and progressive, and that there, as elsewhere, the ideals are far beyond the present actual performance.

Atlas of Clinical Medicine. By BYROM BRAMWELL, M. D., F. R. C. P., F. R. S., Edin., Asst. Physician to the Edinburgh Royal Infirmary, etc., etc. Vol. II, Part I. Edinburgh: T. & A. Constable, at the University Press, 1892.

In previous issues, as the parts of this admirable Atlas have made their appearance, we have called attention to the conspicuous merit of Dr. Bramwell's great undertaking. It is our privilege to do so again on the issue of the first part of Volume II.

The same thoroughness and elaboration of detail that characterized Vol. I are apparent here, and the plates are artistic, and, what is more to the point, faithful pictures of the diseases they portray. The present fasciculus deals with Scrofula; Unilateral Hypertrophy of the Skull; Measles; Two cases of Friedreich's Ataxia in which the knee-jerks are not lost; Alterations in the Fields of Vision, their Clinical Significance and Importance; Illustrative Cases; Permanent Hemianopsia due to a Destructive Lesion of the Half-Vision Centre; Temporary Hemianopsia due to an Irritative Lesion of the Half-Vision Centre.

The Atlas deserves a large circulation.

Disease and Conditions to which Rest Treatment is Adapted. By WHARTON SINKLER, M. D. (Read before the New York Neurological Society, March 2, 1892).

In this paper Dr. Sinkler gives a very clear and concise account of the methods and uses of the Rest Treatment or what is popularly known as the Weir Mitchell Rest Cure. It is, as it were, an authoritative statement since Dr. Sinkler was associated with Dr. Mitchell in his first case treated by this method, and has had unusual opportunities for observing its effects in the hands of its originator. The value of this treatment in certain forms of mental disorder is unquestionable, and it is practiced in a more or less modified form in most well managed hospitals for the insane. Admitting this to be so, it is none the less a fact that a thorough acquaintance with its details as practiced by Dr. Mitchell and Dr. Sinkler cannot fail to be of great value to any alienist.

On Hereditary Chorea, with a Report of Three Additional Cases and Details of an Autopsy. (Reprinted from *Medical Record*, March 12, 1892).

A quite complete review of the literature of the disease and carefully detailed reports of three cases that have come under the author's observation, together with a report of an autopsy with microscopic examination of the cord. The conclusions he deduces are as follows: "Hereditary chorea, while resembling in many respects Sydenham's chorea, differs in so many of its features that it is essentially a distinct and separate affection; that while, as a rule, there is remarkable uniformity in the symptoms presented there may be variations; for example, in the occurrence of the disease at or before puberty. That it is not an invariable rule that if the disease fails to appear in one branch of the family the descendants of that branch have immunity. That the arrest of the movements by voluntary effort is not a

distinguishing feature of hereditary chorea, as in some cases voluntary effort aggravates the movements, and there are many cases of Sydenham's chorea in which voluntary effort arrests the movements for the time. That chorea among the adult insane is a different affection from hereditary chorea with insanity. That the evidence we have indicates that the pathology of the disease is a degeneration of imperfectly developed cells in the motor tract or in the cerebral cortex and in the spinal cord. The occurrence of the disease at an early age in children of some of the cases recorded is confirmatory of this view."

Criminal Responsibility in the Early Stages of General Paralysis. By F. P. NORBURY, M. D., Jacksonville, Ill. (From the Transactions of the Illinois State Medical Society, 1892).

This paper is mainly a plea for such a change of the law as will require the temporary commitment of presumably insane persons charged with crime to insane hospitals, for observation, rather than their permanent commitment till recovery. General paresis in its early stages is, more than most other forms of mental disease, a condition that brings the sufferers under the penalties of the law, and this plea is made especially in their behalf.

A New Consideration of Hereditary Chorea. By R. M. PHELPS, M. D., First Assistant Physician, Second Minnesota Hospital for the Insane, Rochester, Minn. (Reprint from *Jour. of Nervous and Mental Disease*, Oct., 1892).

This is a contribution to our knowledge of hereditary or Huntington's chorea; the author gives a short review of the literature and reports briefly several new observations of his own and a number of others furnished him by correspondents in different hospitals for the insane in this country. He sees a possible relationship between this disorder, as seen in asylums, and paresis. The hereditary character is, he thinks, hardly an essential feature in these cases, and he suggests the addition of "choreic dementia" to the classification of mental disorders.

The Frequency of Renal Disease Among the Insane. By E. D. BONDURANT, M. D., First Assistant Physician, Alabama Insane Hospital, Tuscaloosa. (Reprinted from *Journal of Nervous and Mental Disease*, Nov., 1892).

Dr. Bondurant calls attention to a state of things perhaps receiving too little notice by the physicians of our asylums, the comparative frequency of renal complications in insanity. His apparent deduction, however, as to the dependence of the mental disorder upon the kidney lesions, need not be fully accepted. Any case of active, acute insanity probably gives rise to conditions that favor derangement of the functions of the kidneys, and casts and albumen are very likely to be met with on examination of the urine. Chronic insanity is equally liable to produce the actual structural changes which are met with in probably a majority of the autopsies of long continued mental disease.

The paper, however, is a timely one in calling increased attention to important pathological conditions of mental disease.

LETTER FROM FRANCE.

A NEW MORBID SPECIES IN MENTAL MEDICINE: THE INSANITY OF
NEGATION. EXPERIMENT OF THE ESTABLISHMENT OF A COLONY
OF THE INSANE, INDEPENDENT OF ASYLUMS.

The third annual congress of French alienists, held at Blois in August, 1892, not less successful than the preceding ones, occupied itself, amongst other things, with a question of mental pathology that is of especial interest. An alienist whose recent loss is deplored by science, Cotard, described some dozen years ago a particular type of insanity, to which he gave the name of "insanity of negation." It is true that this morbid type had not been unnoticed by some previous observers, but these latter had not appreciated fully its importance. Under the name, therefore, of "insanity of negation," Cotard recognized and described in certain patients a peculiar disposition which, in virtue of their primary delusive conceptions, leads them to continually deny everything; to be, as it has been proposed to designate them, *essentially deniers*.

The insane of this class are ordinarily patients suffering from the anxious form of melancholia. The syndrome of their disorder usually justifies the title of "deniers" that has been given them. There is in them a predominating tendency to anxiety, worriment and imaginary terrors. They have the feeling of culpability, of perdition, of damnation, they accuse themselves of all imaginable crimes; they are, they say, incapable, unworthy, they are the curse and disgrace of their families; they are going to be arrested and condemned to death, to be burned or to be cut into pieces, and, if this occurs, it will only be justice since they have deserved it for their crimes. They refuse all consolation; they reject all proofs brought forward of their innocence. The clearest demonstrations, the most authoritative affirmations, the most affectionate testimonials are received by them with incredulity or sarcasm; it is in this way they first manifest their negative tendency.

There are some melancholiacs in whom this disposition is more marked than in others. If asked their name, they say they have none; the same as regards their age, their family relations; they have neither father nor mother. If asked if they feel pain in the head, abdomen or any part of their bodies, they reply that they

have no heads or stomachs, and go even so far as to deny all bodily existence. With them, negation is universal, nothing exists, they themselves are nothing.

As a consequence of their ideas, they resist everything that is required of them; it is only by great effort that they can be made to change their garments or underwear, they do not want to either be put to bed or to get up, they are continually in opposition.

To these tendencies they add, sometimes, mutism, refusal of food, and some of them have a singular disposition to hold back their urine or excretions, or they imagine that they have not satisfied their natural wants for months or years.

According to Cotard, this insanity develops in a regular way, by a sort of progressive stages, to reach sometimes transformations that could not be foreseen.

In its earliest stages, the sufferers from melancholia have not, so to speak, any delusion. They are simply affected with lowness of spirits, which affects simultaneously their moral and their intellectual faculties. They feel a shame or even horror of their own personality, and despair of being ever able to regain that which they have lost. They lament their vanished intelligence, their extinct emotions, their lost energy. They claim that they have no more heart, no affection for their parents, their children or their friends.

Then appear the ideas of ruin, which are, as it were, the beginning of the insanity of negation. The patient believes he has lost his property; in that his intelligence is affected and his moral activity is more or less extinguished; he finally comes to the opinion that all his temporal fortunes are involved, and believes himself ruined and his family with him.

Following the delusions of business disaster, come those of culpability. The patients believe that they have been ruined through their own fault; they are themselves responsible. And since all culpability necessitates punishment, they promptly come to the belief that they are liable to the vengeance of man as well as the judgment of Deity. They believe themselves condemned to death and hear the preparations for their execution; the scaffold is being prepared for them. They have hallucinations of voices reproaching them with their crimes and they read their condemnations. When the ideas of perdition torment them, they see themselves surrounded with flames, precipices seem to yawn at

their feet, they imagine that the earth is ready to engulf them, or that they are to be precipitated into hell. Some of those possessed with these delusions soon reach the notion of suicide. One of the methods that is most frequently adopted is the refusal of food; when they are dominated with this idea they cannot be compelled to feed themselves, and forced artificial alimentation is the only resource.

There are other melancholiacs who, not being possessed with this same type of delusions of ruin and culpability, come to believe that they have lost all their intellectual and moral faculties, that they also have no bodily existence, or, rather, they undergo a curious transformation of their personality, and seeing that they still have a body, they imagine it is not their own, that they have been changed, and they therefore speak of themselves only in the third person.

Besides those who deny their own existence, there are others who have what is called by Cotard the *délire d'énormité*, a sort of megalomania. While believing themselves deprived of everything, they imagine themselves immortal, that they ought not to, and cannot, die. They lament their immortality which is only another infliction added to those they already suffer. They cannot die and hence are bound to suffer for eternity.

Fortunately for themselves, the patients stop with these last conceptions, their delusions do not develop further, and sooner or later they pass on to mental enfeeblement or complete dementia.

Thus viewing it as a whole, we can distinguish four stages in this insanity of negation, viz.:

- a. The period of simple melancholia, generally of the anxious type.
- b. Stage of negations, properly speaking.
- c. Stage of delusions of enormity.
- d. Stage of dementia.

Such, stated briefly, are the principal features of the morbid type described by Cotard, which was the subject of discussion at the Congress.

Dr. Camuset, deputed to report on the subject, brought together first some thirty observations of melancholia presenting in one way or another the symptoms of negation. The analysis of these cases, however, has not led him to admit formally the existence of the new form in question, and he summed up the results he attained in the following principal conclusions:

"In a general way, and whatever may be the form or intensity of their malady, the melancholiacs are deniers.

In certain cases of melancholia with anxiety, we sometimes observe the association of the ideas of negation, of possession or of damnation, and of immortality.

The ideas of negation are met with in other conditions than melancholia, for example, in the insanities due to senility, in hypochondriacal insanity, and in general paralysis."

In the discussion of the subject at the Congress, Dr. Séglas was an energetic supporter of Cotard's views. Basing himself on well observed and conclusive facts, he showed that there really exists an insanity of negation, systematized and after a fashion progressive, and that therefore the type described by Cotard should have its place in nosological descriptions.

The great majority of the alienists present, and especially Drs. J. Falret, G. Ballet, Régis and Carrier supported Dr. Séglas, admitting with him the reality of the type, from the cases already reported in sufficient number. Dr. J. Falret summed up the discussion by giving to the generally received opinion the support of his high authority and vast clinical experience. "I approve," said he, "of the conclusions of M. Séglas; I believe that Cotard, in pointing out the insanity of negation, has made a great step in advance in the study of melancholia, like that of Lasègue in describing the insanity of persecution. The insanity of negation is a fact, and has a progressive evolution like the insanity of persecution. It commences with simple moral hypochondria, then the symptoms of anxiety appear, with ideas of ruin, culpability, unworthiness and damnation, all of them possible and admissible delusions. Later appear the absurd ideas of negation and finally delusions of enormity,—a sort of melancholic *délire des grandeurs*. Although but little recognized, the insanity of negation becomes more frequent the more we examine the cases in this point of view. It is a natural evolution and we should apply to it the same distinctions as we do to persecutory insanity, as, besides the essential insanity of negation, delusive negatory conceptions are met with in various other forms of mental disorder. Cotard himself has noticed this particularly and never attempted to make one entity of all the psychoses with this symptom. As regards prognosis, the delusions of negation are an indication of chronicity, but not of absolute incurability. The intermittent forms seem to be more likely to recover than the others."

The Congress also discussed the question of professional medical secrecy, and colonization of the insane.

In a general way, insane colonies properly so-called are little favored in France, that is, the maintenance of patients together, although apart from the usual asylum control. It is less difficult to agree to the establishment of farm colonies in the immediate vicinity of the asylums when such arrangements are practicable; a system of mixed medico-agricultural asylums may even be favored, of which the asylum is the centre and around which the farms are grouped. Still the majority of French alienists hold to some formal reserves as to the proper organization of such establishments.

Nevertheless the administrative authorities of the hospitals of the city of Paris think of making a new attempt to establish in France something analogous to the Belgian colony of Gheel. In view of the increasing population of the asylums and their consequent overcrowded condition, they have decided to organize a sort of independent colony, which will be established in the village of Dun-sur-Auron, in the department of Cher. They will take from the asylums first a group of one hundred senile demented, chosen from among the most inoffensive, who will be confided to the care of the inhabitants of this village and hospitalized individually amongst them. If this experiment results well, they will extend it indefinitely. The good effects hoped for are: a more agreeable mode of life for the patients, a diminished expenditure *per capita*, and a diminution of population in the overtaxed asylums, properly speaking, when the incurables can be replaced by favorable recent cases. A realization of all these hopes is certainly a thing to be wished for.

The next Congress of Mental Medicine will be held in La Rochelle in August, 1893.

DR. VICTOR PARANT.

TOULOUSE, December, 1892.

BRITISH CORRESPONDENCE.

This asylum, by the death of Dr. Aitken, has lost a superintendent whose best work was given in the development and management of the institution for thirty years. He did not come into prominence at psychological meetings, was rather a "stay at home" man, but he was recognized as a cultured gentleman and a painstaking physician. His successor is Dr. Cumming MacKenzie who was preferred because he speaks Gaelic.

This asylum is now vacant, owing to Dr. Campbell's resignation on account of ill health. This is very much to be regretted, as Dr. Campbell is a physician of undoubted ability, and has proved one of our most capable and promising superintendents. Among the candidates for the appointment are Dr. Keay, Mavisbank; Dr. Robertson, Morningside, and Dr. Oswald, Gartnavel; all good men, any of whom the directors would be fortunate in obtaining.

Still another appointment to fill, and of a different kind, the new London Asylum—one of the County Council group—
Claybury Asylum. at Claybury near the metropolis. This asylum will be ready for occupation in about six months, and will accommodate about 2,000 patients. The salary is £1,000 with house and *et ceteras*, not very handsome for such a charge and the heavy undertaking of opening and organizing a new establishment. All the same there are many candidates, a few being superintendents. Dr. Jones of Earlswood and Dr. Hyslop of Bethlem are among the good men in the running.

The second edition of the "Hand-book," is in course of preparation, and will be on a larger scale than the first.
Handbook for Attendants. The physiological section in particular will be amplified and illustrated, and in all probability the book will be a distinct advance on the first edition which was evolved amid considerable difficulties. It is gratifying to see the position and work of attendants now so much better considered and understood.

A. C. C.

NOTES AND COMMENT.

OÖPHORECTOMY AND INSANITY.—It is stated, in the *Philadelphia Press*, of January 9, that fifty women in the Norristown Hospital had been set apart by Dr. Alice Bennett, in charge of the female department, for operation with a view to the relief or cure of their condition. Although the operation is not specified, it seems to be implied that it was to be removal of the ovaries and Fallopian tubes. Four operations had been performed, one of which proved fatal. These facts having been brought to the knowledge of Dr. Thomas G. Morton, chairman of the Lunacy Committee of the State Board of Charities, he embodied, in his opinion to the board,* at its annual meeting, December 3, an opinion that the operations were inhuman, illegal, and inexcusable on any ground. The Board, thereupon, unanimously voted to prohibit further operations of the sort, and obtained an opinion from its legal member that the operation, unless necessary to save life, "is not only illegal, but in view of its experimental character, it is brutal and inhuman and not excusable on any reasonable ground," and that the Committee on Lunacy of the Board of Charities has full legal authority to prohibit the performance of such operations.

The same paper, on the following day, printed a report of interviews with Dr. Bennett and two members of the Board of Trustees. Dr. Bennett denied that the operations were performed with a view to remedying the insanity of the patients, declaring that they were for the relief of intense physical pain. She also stated that the operations were performed with the knowledge and approval of Dr. Morton, with whom she discussed the question of the legal right to do them.

Ex-Judge Stinson, President of the Board of Trustees, took the ground that the matter was one with which the Board of Charities had no business to interfere; that the Board of Trustees was supposed to manage the hospital; that they had confidence in their physicians, and expected them to do whatever was necessary for the good of their patients. He said, however, that for the present no further operations would be performed.

* See Original Articles, this issue.

There would seem to be two questions at issue—one, in regard to the propriety of the operations, the other, as to the proper authority to decide such questions. With respect to the former, we believe that insane women are entitled to the same relief from suffering as sane women. We do not altogether agree with the opinion that the only justification for such operations is their necessity to the saving of life. We believe there is a pretty general agreement among those best qualified to judge that the suffering and impairment of health due to disease of the organs in question may be such as to warrant the risk involved. At the same time, it is notorious that the operation has not, in practice among the insane, always been confined to cases in which there was such suffering as would be held to justify it in general practice. The results in the relief of insanity have not seemed to us to be calculated to inspire so much enthusiasm as has been shown in some quarters, and we are decidedly of the opinion that, for the present at least, such operations should be strictly limited to cases in which the surgeon would feel it his duty to urge them upon private patients of sound mind.

On the other hand, it is our opinion that, if the medical officers of a hospital, with their professional knowledge and their acquaintance with the condition of their patients, are not better judges of their needs than any persons who do not possess these qualifications, they are not fit for their positions. To undertake to hedge in persons in their place so that they cannot, if so disposed, find scope for any disposition they may have towards brutal and inhuman acts, would be rather a hopeless task. It seems to us that, in a case in which there is such a radical disagreement as in this, the proper course would be to submit the cases in question to some one of acknowledged competency in such matters, and abide by his decision. If, for instance, Dr. Goodell should certify that all, or any of the proposed operations, are, in his opinion, demanded by the physical condition of the patients, we doubt if the Board of Charities would persist in refusing to sanction them. At all events, in case of such a refusal, it would be plain where the responsibility rested, and the medical officers could wash their hands of the blood of the victims, if they felt it consistent with their self-respect to continue to hold office under such circumstances.

During the late civil war, it is said that two regiments, between which there was a strong rivalry, were camped side by side in the

Army of the Potomac. One day, the chaplain of one of them was expressing to his colonel his regret at the low state of religious feeling in the regiment, and mentioned that six men were baptized, the Sunday before, in the rival regiment. The colonel answered that he would soon fix that, and, calling up an orderly, directed him to detail twelve men for baptism the next Sunday.

Although there may be no analogy between the cases, those who recall some of the proceedings of the last meeting of the Medico-Psychological Association may understand why we were reminded of this anecdote in this connection.

CLINICAL CASES IN ANNUAL REPORTS.—The reports of hospitals for the insane in this country give evidence, from year to year, of an encouraging increase in the attention paid by their officers to the scientific aspects of their work. They contain, in the aggregate, a large amount of interesting professional reading, and it seems rather a sad reflection that most of it is destined to find a speedy lodgment in the waste basket. We desire to call the attention of those who take the trouble of preparing it for the press to some advantages of this JOURNAL as a medium for its publication.

Such reports are addressed, ostensibly at least, to State officials, for the purpose of informing them of the work and needs of the respective institutions. These officers are usually laymen, who cannot be expected to understand, or to be interested in, the details of autopsies, the niceties of physical diagnosis, or the particulars of oöphorectomies, trephinations and other surgical operations. Considered as addressed to them, there seems to us the same sort of objection to including such matter in official reports as to its publication in the daily papers. Its justification lies in the fact that these reports are also largely circulated among medical men in the same line of practice.

This JOURNAL reaches much the same professional audience as is addressed in the reports, and we believe that it has a larger circulation than most of them. We incline to think it is more likely to be preserved, and it is surely more convenient for reference. Moreover, we have a pretty large exchange list, by means of which any matter of interest and importance may reach the readers of other periodicals. It is our aim to make it the organ and exponent of the progress of American psychiatry, and if all the clini-

cal and pathological material collected in the hospitals for the insane of this country could be utilized for its columns, its interest and importance would be infinitely enhanced.

SITE FOR THE PROPOSED EPILEPTIC COLONY IN NEW YORK STATE.—In accordance with the law passed last year making the State Board of Charities a commission to select a site in the State and prepare plans for buildings for the accommodation of six hundred epileptics on the colony plan, the Board made its report to the Legislature on January 11, 1893.

Although it was deemed advisable to seek for a site more especially in the southeastern portion of the State because of its being the centre of population, yet other portions were canvassed, in the north in Jefferson county, and in the west in Livingston and other counties. The result was that no site could be found equaling in any respect the abandoned Shaker Colony near Mt. Morris in Livingston county. This is a tract of magnificent land, well adapted for agriculture, gardening, pasturing and the like; well watered; divided by a creek into two portions, one for each sex; having already upon it buildings in excellent preservation ready for the accommodation of three hundred persons. Having already been a colony for twenty or thirty years with groves and orchards, gardens and fields, in a high state of cultivation, it is exactly adapted to the needs of an epileptic community.

The buildings consist of groups of houses, shops, schools, granaries, stables, and the like. There are over eighteen hundred acres of land which, together with all chattels and improvements, may be purchased for \$125,000. In short, one might search the whole United States in vain for a site so perfectly fitted for the purpose. Nothing anywhere approaching the perfection of this colony could be found in any other part of the State. Its ideal qualities overbalance the slight drawback of location away from the neighborhood of New York City where, of course, it would have been nearer the centre of population. But it lies upon two trunk lines, the Delaware and Lackawanna and Erie railways, and another line runs north and south through the property.

It is proposed that for the present insane epileptics shall not be provided for in the colony, for there are over five hundred not-insane epileptics in county almshouses who should first be cared for. In some respects it would be better that no insane should ever be

received in the colony, but this will be a matter for future legislation.

The law, which has at this writing not been fully prepared, will embody some of the following points: The name of the colony will simply be the "Sonyea Colony." Sonyea is an old Indian name of an ancient village at this spot, and it is a post-office. The word "epileptic" is thus pleasantly avoided in the name of the colony.

The village plan will be pursued throughout, and there will be no imposing buildings in the colony. There will be schools for the education of epileptic children, shops of all kinds for their employment, every variety of out-door occupation will be carried on, and there will be hospital accommodations for those who are taken sick with current disorders.

The methods of management, reception and discharge of patients, maintenance and supply, will all be founded, to a certain extent, upon the laws regulating similar matters in the State institutions for the deaf and dumb, blind, and so on.

The bill will be prepared by the State Charities Aid Association, and approved by the State Board of Charities.

It is to be hoped that all philanthropic people will use their influence to get this great charity under way, for it is an undertaking sure to prove a blessing to one of the most unfortunate and neglected classes of unfortunates in the country.

PROPRIETARY SECRET REMEDIES AND THE LAW.—It has been proposed that in any future re-arrangement of the revenue laws of this country a heavy tax should be placed on all medical nostrums that are not standard preparations, the complete composition of which is given with them to the public. Such a law is said to exist at the present time in other countries, and to produce a large revenue.

There is no question but that such a measure would be beneficial to the public, which is at present entirely at the mercy of the nostrum makers and venders, as well as lucrative to the government. Its merits are such that it could hardly be a party question; no legislator, whatever his political creed, could reasonably object to such a law. The opposition of the manufacturers would undoubtedly muster strong in the lobby, but should not prevail against the united medical profession of the country, who ought, to

a man, to work for the success of such a measure. The common sense of the laity ought also to come to its support.

Such a law, when enacted, ought to place such a tax on all secret proprietary remedies as would exterminate the irresponsible manufacturers and generally limit their production. It ought to include the provision that the accurate formula of each and every nostrum be deposited in the proper government office, to be tested, from time to time, by careful analyses, and the penalties for variations from these should be adequately severe. Heavy bonds should be required from all authorized manufacturers, and illicit production made a serious offense. It should also forbid the use of dangerous drugs or poisons in any proprietary secret remedy.

Such a law, properly drawn up, should cover the whole class of secret remedies, from the innumerable Brown's, Jones' or Robinson's pills to the Keeley cure. It cannot be enacted too soon.

"THE WAGES OF SIN IS DEATH."—The etiology of general paralysis, or, as it is coming to be popularly styled, paresis, has been the subject of much discussion and change of opinion of late years. A few years ago there were comparatively few alienists or syphilographers who would positively give their opinion in favor of its specific origin, but at the present there are few who will confidently deny it, and it is probable that it is the private belief of the majority who have studied the matter that the occurrence of paresis without preceding syphilis is infrequent, if not improbable, and if it does occur, it is at least one of the rather exceptional pathological events. This change of belief is the result of the numerous careful studies into the antecedents of the paretics admitted into hospitals, studies which, in spite of the difficulties that naturally attend such investigation, have shown that some history of actual specific infection or some very striking circumstantial evidence pointing the same way, can be obtained in regard to a large majority of all the cases. On the other hand, the most carefully collected statistics show but a very small proportion of the non-paretic insane with a history of specific infection. This difference alone is enough to create a suspicion of the relations of syphilis and paresis, and when found so marked as is actually the case, it forms a strong presumptive evidence that the latter is largely, if not altogether, due to the former.

The view that paresis only occurs after prior syphilitic infection,

at first held by only two or three Scandinavian or German authorities, has now many supporters, but possibly the safer course at present is to admit its possible production by other causes, while recognizing the fact that in the great majority of cases there has been antecedent specific disease. This leaves a loophole for escape from disagreeable conclusions in special doubtful cases, and there are besides this the manifold possibilities of innocent infection to be considered. Even allowing that paresis is a modern quaternary, incurable, manifestation of syphilis, it does not necessarily carry with it an implication of immorality in every case.

The reasons for the non-acceptance of this view as to the origin of paresis are not difficult to assume. In the first place the difficulties of the investigation as to this cause are not slight; the facts are not usually furnished voluntarily. The specific disorder, also, usually antedates the paresis many years and, as is often the case with its other nervous manifestations, the original disease may have been extremely mild and apparently quickly cured. There is a possibility also, considering the great increase of paresis in most countries of late years, that it is, as regards its frequency at least, a comparatively modern development of the syphilitic disease. Last, but not least, there is the prejudice, a very natural and amiable one, against admitting such a cause. Many estimable individuals have suffered from paresis, some persons probably have drawn pensions for it as a disability left by military service; it has had heretofore no special associations more objectionable than those attending any other form of insanity.

Up to the present time the discussions of this subject have been confined almost altogether to the medical press, but like all other matters of special interest it is likely to come before the general public. The laity are greedy for information on these subjects and the popularizers of such themes as paresis will hardly be able to suppress such an important fact of its etiology. It is very strongly brought out in a recent article by Dr. Henry Smith Williams in the *North American Review*, a periodical that is probably as widely circulated as any other of its kind. It will be of interest to note in the future whether the general information as to this origin of paresis has any influence upon its distribution or frequency.

THE PLEA OF INSANITY.—It has rarely been the privilege of the JOURNAL to publish such interesting contributions to the medical jurisprudence of insanity as have recently been forwarded for that purpose by their distinguished Australian authors. The fact that Drs. Springthorpe and Mullen were both experts in the famous Deeming case, gives additional interest and importance to their views. Dr. F. Norton Manning has long enjoyed an enviable reputation as Inspector General of the Insane for New South Wales.

The Section of Public Health, under which Psychological Medicine was placed, esteemed the papers of such importance that the General Congress was asked to give an expression of opinion on the lines of the following resolution:

That in view of the fact that the present recognized legal test for insanity is false in theory and unsatisfactory in practice, and that legal authorities have expressed a desire to obtain an expression of medical opinion upon the subject, this Section submits for ratification by the General Congress the following resolutions:

1. That it is impossible to frame any one test for insanity in criminal cases which is capable of general application.
2. That for criminal cases it would be in accord with present medical opinion to define insanity as "a disease of the brain affecting the intellect and also the emotions and the will, and not immediately induced by the default of the individual," leaving the following questions for the jury:
 - a. Had the accused at the time of committing the act such disease of the brain?
 - b. If so, did such disease prevent, in relation to the alleged crime,
 1. A knowledge of the nature and quality of the act he was doing?
 2. A knowledge that the act he was doing was wrong (illegal)?
 3. A free determination of his will?

The Intercolonial Congress accepted these resolutions almost unanimously. The subject is one to which the JOURNAL hopes to recur in a later issue.

THE GOVERNOR OF NEW YORK AND THE INSANE.—The JOURNAL takes pleasure in reproducing in the Half-Yearly Summary of the present issue, that part of Governor Flower's last annual message to the legislature treating of the State's relations to the insane. It is especially gratifying that the Governor's unqualified approval of that "praiseworthy philanthropy," State Care, follows a personal inspection of the State institutions, which he finds "creditable to the State and well adapted" to their purpose.

The emphasis placed upon the dangers of "corruption, extravagance, and the improper injection of politics into hospital management," is a timely warning against the temptations offered by vast properties, and is of greater than local interest in view of the political revolution which has recently changed the complexion of administration of many States of the Union, such as Illinois.

In the sentiment which dictates safeguards against any possible abuse of power of the lunacy system of a State, Governor Flower will receive hearty indorsement from all interested in the care of the insane, who have other cause for self-gratulation in this early and significant expression of coöperation by the Chief Executive of the Empire State.

AMERICAN MEDICO-PSYCHOLOGICAL ASSOCIATION.—The Forty-seventh Annual Meeting of the American Medico-Psychological Association (late Association of Superintendents of American Institutions for the Insane) will be held at the Palmer House, Chicago, commencing Tuesday, June 6th, 1893, at 10 A. M., and continuing three days.

As hotel accommodations may be difficult to obtain, in case applications for rooms are deferred until near the time of meeting, the suggestion is made that the members of the Association correspond at once in reference to them. The request is also made that those who propose to prepare and read papers shall forward their titles as soon as practicable to the secretary, Dr. Henry M. Hurd, Johns-Hopkins Hospital, Baltimore, Md. Alienists from Great Britain and the Continent will probably be present at the sessions, and it consequently seems most desirable that papers and discussions should be arranged at an early date.

THE INTERNATIONAL CONGRESS OF CHARITIES, CORRECTION AND PHILANTHROPY.—One of the series of International Congresses to be held in Chicago in 1893 is to be devoted to the subjects of Charities, Correction and Philanthropy. Its sessions will occur June 12-18, 1893. Sections Three and Four of this Congress are of interest and importance to alienists as dealing with subjects having a direct bearing upon their special work. Section Three will consider all matters relating to the Hospital Care of the Sick, the Training of Nurses, Dispensary Work, and First Aid to the Injured. Dr. John S. Billings, Surgeon U. S. Army, is Chairman,

and Dr. Henry M. Hurd, Superintendent of the Johns-Hopkins Hospital in Baltimore, is Secretary of this Section, while Miss Isabel A. Hampton, Superintendent of the Training School for Nurses of the Johns-Hopkins Hospital, has been appointed Chairman of that part of the work of the Section which relates to the training of nurses.

Section Four deals with the Commitment, Detention, Care and Treatment of the Insane. Of this Section, Dr. G. Alder Blumer, Superintendent of the Utica State Hospital, Utica, N. Y., is Chairman, and Dr. A. B. Richardson, Superintendent of the Columbus Asylum for the Insane, Columbus, Ohio, is Secretary.

These Sections will hold five sectional meetings of about two hours each, commencing June 12, 1893, and will each have charge of one of the general sessions of the Congress, viz., those held on the mornings of the 14th and 17th inst., respectively.

It is hoped that these will prove to be truly international gatherings for conference on the subjects with which they deal, and all interested persons are cordially invited to be present, to contribute papers and to take part in the discussions.

In the selection of topics those of international interest and utility should have precedence over those of a more local character. Persons desiring to present papers or to share in the discussions of Sections Three and Four are requested to lose no time in communicating with Dr. Hurd or Dr. Richardson.

The *National Conference of Charities, &c.*, will hold its annual session June 8-11, 1893. It would appear therefore that the meetings of the American Medico-Psychological Association (June 6-8), the National Conference of Charities and the International Congress will afford twelve days of exceptional opportunity, during which the alienist may provide and enjoy profitable entertainment in his specialty.

LUNACY AFFAIRS IN ILLINOIS.—Some apprehension has been felt as to the effect of the changes of administration in some of the States, as a result of the late election, upon their charitable institutions. In Illinois it has been said that there would be a general change of their *personnel*, which, should it occur, we would have to consider a calamity. Judge Altgeld, the recently elected governor, is a man who has hitherto taken an intelligent interest in matters of public charity and reform, and it is to be hoped from

that fact that he will not follow the bad example that has been set by the executive in some other States, that he will not make changes on political grounds, and that in all the appointments he controls, of medical and scientific officials, he will be governed by progressive ideas, and not by the demands of political workers or the political affiliations of the appointees.

MISS DOROTHEA L. DIX AND THE COLUMBIAN EXPOSITION.—Alienists and all friends of the insane will read with interest a letter published elsewhere (see Correspondence) in which the claims of Miss Dix to be regarded as “the most useful and representative woman that America has ever produced” are duly set forth. Her admirer suggests that “the golden statue due to such a woman should stand upon its proper pedestal at Chicago during the Columbian Exposition.” Miss Dix, were she on earth to protest, would shrink from the publicity of a statue even of Montana silver, to say nothing of solid refined gold and would promptly suggest some *useful* channels of distribution for the precious metal. We know that she abhorred the camera and all personal notoriety. Yet if millions of admiring Americans must seize this golden opportunity to do honor, thus emphatically and materially, to one of their countrywomen, the JOURNAL records its vote unhesitatingly in favor of Miss Dix.

THE CLINICAL TEACHING OF INSANITY.—In a circular addressed to the managers of State Hospitals, the State Commission in Lunacy of New York calls attention to a resolution on this subject, passed by the Association of Medical Superintendents in 1871, and earnestly recommends that the boards of managers of the several State hospitals, afford to medical colleges situated in their vicinity, as well as to practicing physicians who may desire to avail themselves of the privilege, such facilities for the clinical study of mental diseases as in the judgment of the medical superintendent may be deemed wise and proper. It is a timely exhortation.

NEW MEDICAL JOURNALS.—In compliance with the request of a large number of medical men in English-speaking countries who for several years have repeatedly expressed a desire to be enabled to read the *Semaine Médicale* in that language, the publishers have begun to issue an English edition of that admirable journal.

It is published under the name of *The Medical Week* and is not a mere translation of the French journal but a distinctly English periodical, a large part of which is devoted to original contributions and to reports of the transactions of medical societies in English-speaking countries.

Intending subscribers in the United States of America and in Canada should send the amount of their subscription (\$2.00) by bank-note, money order or cheque payable in Paris to the order of Dr. G. de Maurans, the editor. It will be best and most convenient for them to send a bank-note for \$2.00 to the Manager of *The Medical Week*, 18, rue de l'Abbé-de-l'Épée, Paris. The circulation of the *Semaine Médicale* reached 950,000 copies in 1891; it will probably exceed one million in 1892.

La Revista Médico-Quirúrgica Americana is the title of a new monthly journal published in New York in the Spanish language, under the editorial direction of Drs. Samuel E. Milliken and Pedro J. Salicrup. Its published list of collaborators is a long one and includes many well known names of American physicians. The numbers that have already appeared make a very creditable showing both in matter and form, and the new journal ought to have a useful and prosperous future.

THE PRINTING OF THE JOURNAL.—The present issue of the AMERICAN JOURNAL OF INSANITY is notable as having been printed and bound at the Utica State Hospital. Herein its history repeats itself after many years of publication at an office in the city of Utica. The desire to afford occupation for patients and to maintain itself typographically on a footing of independence, prompted this recurrence to and development of home resources. There have necessarily been many delays and unforeseen difficulties in reviving the old method. But old subscribers who know how much the scope of the JOURNAL has widened and how much the amount of composition has increased,—not to mention the cares of editorship—will excuse the tardiness of this issue, and it is believed that more recent patrons will also be charitable under the circumstances. All may indulge the reasonable hope that hereafter punctuality of issue will be the rule of the office. The JOURNAL will strive faithfully to fulfill that expectation.

CORRESPONDENCE.

ANOTHER CHAPTER FROM THE HISTORY OF THE STATE ASYLUM FOR INSANE AT MORRISTOWN, NEW JERSEY.

To the Editor of the American Journal of Insanity:

In January, 1888, there was published in the JOURNAL, an article from me in reference to the State Asylum for Insane at Morristown, New Jersey. In it were set forth a number of facts relating to the management, the publication of which I believed would be useful to the institution, and to the interests of the insane in general. Subsequent developments have conclusively proven the truth of all my assertions.

Those of your readers who had an opportunity of reading the Report of the Investigating Committee appointed by the Legislature, must have felt that the facts stated by them hardly warranted the conclusions which they drew, and that the charges of the medical officers were in substance fully sustained. Little practical good, however, was accomplished, as the immediate result of the investigation, and, indeed, the resignation of Dr. E. C. Booth as Medical Director must be regarded as a misfortune. So long as he remained at the head of the medical department, it was certain that humanity and disinterested zeal for the interests of the patients would characterize its administration. He was succeeded by his first assistant, Dr. H. C. Harris, the warden, who was largely responsible for the disgraceful condition of the management, retaining his position. Little was heard from the institution after Dr. Booth's resignation until within the past year and a half, except such information as was embodied in the Annual Reports. It was rumored, however, that matters were not running smoothly between the departments, and it was stated by observant visitors that the tone of the institution had degenerated, and that the employés and attendants who had been discharged, or had left to avoid dismissal, on account of their attitude during the investigation, had been replaced by inferior people.

In March, 1891, on the recommendation of Governor Abbett, an act was passed by the Legislature abolishing the Boards of Managers of both State asylums, and placing them in the hands of a single State Board, appointed by the Governor. This was no

great misfortune to the Asylum at Morris Plains, but it is to be regretted that it led to the removal of the tried and competent Board at Trenton. It was a partisan move, too, and as such cannot be commended; for the interests of such unfortunates as the insane ought never to be made the butt of contending political parties. The first act of the new board was to remove Warden Monroe from Morris Plains, and replace him by a more suitable and competent man. This act has been of real service to the institution, as is proved beyond doubt by the Report for 1891. The Medical Director, Dr. Harris, resigned his position early in 1892, and Dr. Booth was invited to renew his former relations with the institution. He declined, however, and the place was filled by the appointment of Dr. B. D. Evans of Maryland on June first. Among the creditable features of the new management is the fact that the venerable Dr. Buttolph has visited the institution on invitation of the warden, by whom he was made an honored guest.

Between the lines of the Annual Reports of this asylum may be read a useful lesson in the management of hospitals for the insane, with special reference to the danger arising from the adoption of insufficiently considered and mischievous systems of management. Since 1885, at least eight physicians have left the institution because of difficulties connected with the management, and two radical changes have been introduced. The effect of these is apparent even in the stereotyped reports. All interested in scientific work in the interest of the insane, must have noticed with regret the absence of Dr. Booth's comprehensive and advanced tables in the late reports, and all who know Dr. Booth must feel a sense of sorrow because the cause has been deprived of the services of such a scholarly mind. The evil that may result from the influence of one self-seeking, incompetent man has been recorded in the evidence of physicians and attendants, many of whom sacrificed their positions for the sake of the helpless beings whose misfortunes appealed so strongly to their sympathies, and in the later evidence presented in the plain facts related in the report of the new warden. The vindication of the medical officers for the position assumed by them before and during the investigation has been fully provided. It is hardly possible to believe that the disinterested testimony of so many respectable people should have been insufficient to cause the removal of one mischievous official whose

culpability has so soon been revealed beyond a doubt. Such, however, is the effect of leaving the decision of such matters to men whose life and training lead them to view all subjects in a partisan spirit, rather than in the light of pure benevolence toward their afflicted fellow-creatures.

The asylum is probably as well equipped now as it can be under the dual system. The chief executive is in reality a layman, but from all I have been able to learn, he is straightforward, earnest and sensible, and is capable of appreciating the relation of the medical officers to the design of the institution. It will be unfortunate if the promise made by the managers in their report, to make the management of both State institutions uniform, should result in the introduction of the dual system at Trenton. The lukewarm manner with which the public of New Jersey has received the developments of later years regarding their asylums, leaves us little hope of any immediate steps being taken toward putting them on a permanent good footing. It is to be hoped, however, that the thinking men of other States will not fail to read the lesson made so painfully apparent.

The appearance of the asylum is beyond criticism. Beautiful for situation, and with ample means and room to expand, it is pointed to with pride by many a citizen of New Jersey. The difficult problem of disposing of the sewage having been solved by the discovery of a large gravel bed near the institution, and the introduction of a system of sub-soil irrigation, nothing is left to be desired in sanitary surroundings, and only intelligent, unselfish management is required to produce the best results. It is true that an institution built on the plan of housing nine hundred or more patients in one large building can hardly be regarded as offering the best facilities for treating curable cases. As a home for chronics, however, no institution can surpass that of Morris Plains, and with new light may come a small annex for curables.

Few physicians to hospitals for the insane have not at times felt a desire to be relieved of the supervision of the so-called business interests of the institution. Such a condition would be most desirable to the scientific worker. It is impracticable, however, the object of these institutions not being primarily scientific research. Every feature of the management has a direct bearing on the comfort and happiness of the inmates, and the treatment of the diseased mind is as much involved in the discipline of the

employés of the farm as of those of the wards, and in the purchase and distribution of food and clothing as of medical supplies. Thus a hospital for the insane differs from all other hospitals. In the one case is an active colony of diseased minds, requiring a skilled professional hand for their wise and safe guidance; in the other is a collection of mainly bedfast bodies, to whom certain medical and surgical procedures are to be applied, the personality of the patient requiring the minimum amount of consideration. Many able and intelligent physicians practically unfamiliar with the needs of the insane fail to appreciate this difference, and honestly advocate the general introduction of the dual system, seeing nothing further than the desirability of leaving the physician free to investigate his cases.

WM. LOGIE RUSSELL, M. D.

NEW YORK, September 13, 1892.

REMOVAL OF THE OVARIES AS A CURE FOR INSANITY.

1421 CHESTNUT STREET, PHILADELPHIA, PA.,

JANUARY 15, 1893.

To the Editor of the American Journal of Insanity, Utica, N. Y.:

My Dear Doctor:—Thinking you might desire to publish three letters bearing on the papers sent you recently, I enclose you copies of letters received from Drs. Chapin, Goodell and Levick, all of this city. I would be glad if these could appear in the same issue of your JOURNAL as the reports you have.

Very truly,

THOMAS G. MORTON.

DR. G. ALDER BLUMER.

PHILADELPHIA, 12th Mo. 23, 1892.

Dear Doctor Morton:

The portion of the forthcoming report of the Committee on Lunacy on "Removal of the Ovaries as a Cure for Insanity" and the opinion of Commissioner Barlow on the legal relation of such an operation, kindly sent me for perusal, are herewith returned.

I can hardly express in words the satisfaction and gratification I experienced on reading your paper.

First: I felt to thank the Committee and the State Board that they have come forward to exercise the powers of their office to save the hospitals, and I may say our profession, from what threatened to become a scandalous proceeding. To erect an hos-

pital, or propose one where women were to be castrated in companies of fifties, with the hope of a cure of insanity, would be generally regarded, in the present state of meagre knowledge upon the subject, as revolting.

There is no sufficient experience nor knowledge to warrant an operation of this nature, and I am sure that in this opinion you will have the support of the entire profession and the community. I will further add that the paper is so logical, and, as to the rights of all concerned, cannot be overturned.

In a case in England, Dr. Robert Barnes declined to perform the operation without the consent of the Commissioners of Lunacy.

Several applications have been made at this hospital for permission to perform the operation here, upon patients who were insane. It has not been the policy of the hospital to encourage operations of an experimental character, founded upon hypothetical conditions, upon the insane.

I am sure, for these reasons, and for the moral and legal questions involved, the Managers would be in accord with this sentiment, if the question were submitted to them.

As a physician of an hospital caring for the insane, I would, under no circumstances, assent to the performance of the operation discussed by your Committee upon a patient, if the responsibility devolved upon me.

Hospitals for the insane might easily lose a portion of the slender hold they now have upon the public and friends of patients, if it were understood that patients were subjected to experimental operations of a hazardous nature.

Believing the action of your Committee and the State Board is in the direction of a wise exercise of its prerogatives, I shall support it and conform my action to it.

I remain, sincerely yours,

JOHN B. CHAPIN.

DECEMBER 14, 1892.

Dear Dr. Morton:

In the main, I agree with you in the points which you have made. I believe that the whole business of removing the ovaries for any purpose has been horribly abused, and I am glad that you have taken such a firm stand.

I have written to Dr. W. H. Baker, of Boston, for an account of his trial for removing the ovaries of a crazy woman, and I will send it to you when it reaches me.

Dr. Francis Imlach was ruined financially, professionally and in his health, by an analogous law suit.

Very faithfully yours,

WILLIAM GOODELL.

Dear Dr. Morton:

I have read with great satisfaction the paper kindly sent me by you. With the sentiments there expressed I heartily concur.

Insanity is a disease of the brain, not of some organ remote from it. And when manifestations of insanity seem to be especially associated with functional disturbance of some one organ, this disturbance is secondary to the brain disorder not the cause of it.

One of the most frequent phenomena in the insane is seen in disturbance of the digestive function, an *excessive* desire for food or a *depraved* appetite—*boulimia* and *pica*. Even pins, needles, stones, &c., are eagerly swallowed by such patients. But no one has ever proposed to cure this functional disorder by removing the stomach, or other organs concerned in digestion. The brain trouble is remedied and this functional disorder passes away. So, too, it is with the ovaries. To remove them *for the cure of insanity*, is, in my opinion, unscientific from a medical standpoint, unjust to the helpless insane, and I am glad it has been pronounced to be, by a high legal authority, an illegal if not a criminal procedure.

Very truly yours,

JAMES J. LEVICK, M. D.

1200 Arch Street, December 26, 1892.

A LETTER FROM DR. ALICE BENNETT.

STATE HOSPITAL FOR THE INSANE,
NORRISTOWN, PA., Feb. 8, 1893.

Dr. G. Alder Blumer, Utica, N. Y.:

Dear Doctor:—I owe you many apologies for my apparent inattention to your first very courteous note. My intentions were better than my performance; I thought by waiting that I would be able to give you a report of the action of our Board of Trustees, which action is now deferred for another month.

You will understand, it being in the hands of the Trustees, that I do not feel myself at liberty to enter into a full public discussion of the matter. There are, however, two or three points of fact, which I would like you personally to have, and which there can be no objection to your using if you see occasion for doing so, to wit:

1. Six operations, removal of the uterine appendages by abdominal section, have been done here; two in the month of July, 1892, and four in October of the same year.

2. In each case operated upon there existed serious disease of the ovaries or tubes, or both, such as calls for, and daily receives outside, surgical interference, quite aside from any question of mental symptoms.

Each case was selected after careful examinations with consultation, and the diagnosis made was, in each case, confirmed by the condition of the parts removed. The consent of the nearest relatives was always obtained.

3. Results of six cases: three are completely restored to bodily and mental health; one is physically restored, is very strikingly improved mentally, and will probably recover; one, an epileptic of puerperal origin, is improved as to epileptic seizures but not much mentally; one died of peritonitis on the sixth day.

4. No other cases have been selected for operation, although some are under consideration. I am led to believe that in our female population of nine hundred and seventy-seven, there are some cases that will be found proper subjects for surgical treatment.

I am sorry that I do not feel at liberty, now, to give you the detailed history of these cases [I mean of those operated on]. They have been of great interest to me.

Very respectfully yours,

ALICE BENNETT.

MISS DIX AND THE WORLD'S COLUMBIAN EXPOSITION.

To the Editor of the American Journal of Insanity:

I write because, what seems to me, a pertinent and interesting question presents itself to my mind. I would phrase the thought as follows, viz., Who is the most useful and representative woman that America has ever produced? Before disposing of the idea to my own satisfaction, I gave the interrogation considerable con-

sideration and study. My conclusion and answer is that Dorothea Dix, above all other American women, stands pre-eminent in the rôle of *America's greatest female philanthropist*. In view of the fact that the best work of America's daughters should now be settled upon for proper recognition at the grand Columbian Exposition at Chicago, I think and hope that Miss Dix's unapproachable work, in the interests of humanity, will not be overlooked.

Not having seen any allusion to her heroic and blessed work, in the programme thus far outlined by the lady managers of the Exposition, I feel irresistibly impelled to remind them of what seems to me an oversight. The record of Miss Dix's humane deeds will, in my judgment, compare, and viewed from a proper standpoint, outshine that of any other of her many distinguished country-women. In fact, I must say, whoever does or does not agree with me, that her name, like Ben Adhem's "leads all the rest."

To those who are at all familiar with her personality or with her history, I need scarcely say that she was a very unassuming woman. She shrank, whilst living, from any complimentary allusions to her meritorious work, but that fact need not preclude us who are aware of her worth from seeking, even at this late day, to see her installed in her proper position amongst America's greatest benefactors.

If my humble voice could reach the ears of my country-women it would plead for a suitable statue at the Chicago Exposition for Dorothea Dix, I am quite sure that there is not an alienist in Europe or America but that would join with me in this desire; I would be delighted to recount in detail her great work, but I leave it to abler hands. With you, Mr. Editor, I leave my humble suggestion, in the hope that you will, through your valuable medium, second my efforts to hand down the name of Miss Dix, to this and succeeding generations, as that of one entirely worthy of their highest appreciation and gratitude, and as that of a woman whose peer it would be difficult to find in the history of the world's progress in civilization.

JOHN MCCARTHY,
210 Green St., Syracuse, N. Y.

HALF-YEARLY SUMMARY.

ALABAMA.—The event of the past six months most affecting the interests of the Alabama Insane Hospital was the death of Dr. Bryce, on the 14th of last August. Dr. Bryce had been suffering for a year or more with nephritis. The toxic effects of the disease exhibited themselves in his case, principally, in different forms of indigestion; his cerebral functions remained unimpaired to the last. The Trustees, at their regular meeting in October, elected Dr. J. T. Searcy, of Tuscaloosa, his successor.

The question at present of most concern to those interested in the welfare of the insane of the State, is the probable action of the Legislature toward providing increased accommodation. At the present juncture in the State's finances the building of another hospital, it is feared, will not be considered favorably, and, on the other hand, increase of the population of the existing hospital will exceed the number found most practicable under one management. The *per capita* cost to the State of its indigent patients has been recently reduced to two dollars and fifteen cents per week. The census of the institution is about 1,150.

Regular out-door employment, in the experience of this Hospital, more than anything else, tends to the rapid sanitation of its patients. For that reason, every male patient is induced "to work out" every suitable day. Wheelbarrow work is found to be least liable to accident and abuse, and supplies profitable employment for a lower grade of patients than any other form of out-door work. A great amount of terracing and road-grading has thus been accomplished by patients' labor, which would never have been done by hired help.

The farm of about eight hundred acres, recently purchased, has proved a source of considerable profit in the way of provender and provisions, as well as a direction in which additional employment has been given to a large number of male patients. With the assistance of their nurses almost the whole work is done by the colored men. The lodge erected for the accommodation of about thirty colored men, has proved so successful that another is contemplated and the purpose is, in time, to overflow from the main buildings in that direction with both white and colored men. In this way a colony will be established under the management of the Hospital.

ARKANSAS.—At the State Lunatic Asylum at Little Rock, the new buildings, erected under the appropriation of the last Legislature, are completed, and can be occupied when an appropriation is made for furnishing them, and for the maintenance of the additional patients. They will increase the capacity of the institution to 700 patients.

The retiring Governor, in his message, expressed the opinion that the Asylum has a superfluity of officers and employés, about one person to 6½ patients. As a matter of fact the institution has one attendant to twenty patients, and in other matters similar proportions prevail.

CALIFORNIA.—The annual meeting of the Association of Medical Officers and Boards of Managers of the California Hospitals for the Insane was held at the State Insane Asylum at Agnews, July 19, 1892. Subjects of special and general interest were discussed, among the more important being the question of expense of the care and transportation of patients. The meeting was pleasant and profitable.

—In the Eighth Annual Report of the California Home for the Care and Training of Feeble-Minded Children, Dr Osborne speaks in highly commendatory terms of the benefits of cadet drill. "The exercises and the manœuvres have been so healthful and invigorating, have aroused such a spirit of enthusiasm, secured so much better carriage, and have been conducive to such better morals and individual deportment, that I conscientiously feel the work in this line should be carefully pushed to the extreme limit of our patients' several abilities."

At the same institution the status of the epileptic population has been greatly improved by separation from the main body of patients in a special department on an adjoining hill. The features of the new structure are (1) *one-story buildings*, (2) *heating by open fireplaces*, (3) *schools for the epileptic*, and (4) *ample provision for employment*. The advantages derived from this system are thus stated by Dr. Osborne:

"1. *One-story buildings*.—A basement for storage and an attic for sleeping quarters for help are valuable, but by all means let the epileptic live on the first floor. At the Manse we have appreciated the fact that there were no stairs to climb up or to fall down. The ready access to the dry mother earth during the long, clear, rainless summer weather, enabling ample working in flower beds, &c., the enjoyment of the fresh air in the open corridors and cosy porches, and the general sense of comfort and security afforded by the construction of the building are some of the features we have appreciated thoroughly.

"2. *Heating by Open Fireplaces*.—Our open fireplaces, carefully protected by ample screen guards, kept the most perfect ventilation under the severest tests, and gave at the same time such a sense of warmth and comfort to the whole building as cannot be described. A source of physical comfort by day they were at retiring a sweet medicine to restless bodies and aching brains. There is a world of comfort in an open fireplace for the well, and to these patients the influence is fourfold. I recall many stormy winter nights, when the rain outside was falling in a steady downpour, or, perhaps, with a cool wind blowing, was dashing against the windows or rattling against the roof, that I have quietly made the tour of the wards to note the sense of absolute peace and comfort that reigned supreme. In the capacious fireplaces the night log had been carefully fixed in place, the dormitory lights turned down to a glowing speck, and the pathetic little faces would be found all turned toward the sputtering log on the hearth. Perhaps they, too, saw images in the coals. Those to whom bed time brought a period of tossing and unrest, and those subject to wakefulness, all found in the open fire a never-failing attraction. Some would be content to lie with their faces to it, others rested on elbows; now and then one

would sit up, all rapt in mute attention, till eyelids drooped and muscles relaxed, and murmurless they sank to sleep.

"3. *Schools for the Epileptic.*—We found it necessary to arrange for a school for the Manse patients, and under its influences all were benefited, and a certain few made the most remarkable progress that I had ever witnessed. In the extension of an Epileptic Department school facilities should be provided even for the feeblest, and apparently the most hopeless. This is very important.

"4. *Employment.*—Occupation is one of the best mental tonics known; the more engaging and interesting it is, the better its influence and the more lasting its remedial effects. Whenever and wherever possible I have placed them at work outside, and endeavored to not only take, but keep off as long as possible, their attention from their infirmities. I have endeavored in all cases to stimulate a strong hope for cure through regularity in diet, exercise, sleep, and attention to the tasks assigned them. I think we have more spasms from these workers on Sunday, *the day of rest*, than on any other day of the week. This is significant."

The Legislature now in session is asked to appropriate an amount of money that will reach nearly \$2,000,000 for the care of the insane. Of this sum \$1,200,000 is absolutely necessary for the support of the insane actually in hospitals, while nearly \$700,000 is required for the partial completion and support of asylums already under construction. It can be said to the credit of California that she has never refused any reasonable request and no State has been more generous either in buildings, care exercised or accommodation furnished. With a population of 1,400,000 she has in asylums nearly 5,000 patients, many of them being cases such as in other States are cared for in poor-houses and county hospitals.

The two new asylums are so far completed that they can be occupied by the middle of this year. The asylum at Ukiah will accommodate 300 patients while that at San Bernardino will probably open with accommodations for 600. The three other asylums are greatly overcrowded and the demand for increased room is urgent. Politics have again threatened asylum management, but only in a mild form, and probably it will cause no serious outbreak. Dr. Rucker, a capable physician and an excellent superintendent, failed of re-election at Stockton, his successor being a man thoroughly familiar with asylum work. The importance of the change is the fact that it places all asylums in the hands of the Republican party with a strong probability that both the new asylums will be likewise controlled. The rule that formerly prevailed was to divide the institutions equally between the two parties and it made absolutely no difference which was in power. It is unfortunate that this condition so threatens as the asylums are excellently officered, are absolutely free from politics and are conducted in a manner that does credit to the State, and certainly for the best interests of the unfortunate patients.

—Work upon the Southern California Hospital, near San Bernardino, progresses favorably. The building is of brick and Mentone and Tehachapi sandstone in the form of a cross with an open court within. When

completed, its length will be 576 feet east and west, and its depth 384 feet. It will be from two to four stories above the basement, in which provision is made for the kitchen and dining-rooms. Heat is supplied by hot air. Ventilation is secured by fans forcing fresh air into galvanized pipes in the basement, which, in summer, may be packed in ice. A water system under heavy pressure gives protection against fire.

COLORADO.—An earnest appeal will be made to the ensuing Legislature for an appropriation to inaugurate a State institution for feeble-minded.

CONNECTICUT.—It is expected that a move will be made during the session of the Legislature looking toward the erection of another institution for the insane.

—Dr. Stearns' new work on insanity has issued from the press. It is reviewed in this number of the JOURNAL.

DELAWARE.—The first biennial report of the State Hospital for the Insane shows that 267 patients were admitted to that institution in the period reported, and that 162 remained under treatment. The work of organization has progressed favorably, and defects in the buildings and other disadvantages are overcome as rapidly as circumstances permit. It is estimated that an appropriation of \$40,000 is necessary for immediate repairs; and that a yearly sum of \$25,000 will be necessary for the maintenance of the institution.

DISTRICT OF COLUMBIA.—Delay in perfecting the title to the new farm, acquired by the Government Hospital, has postponed its occupation by patients. Steps are now being taken to properly inclose the whole and to begin the cultivation of the fields. During the coming year it is the intention to make there suitable accommodations for a pioneer colony of laboring men, carefully selected from the quiet class of inmates.

The completed Howard Hall and Toner building have proved of great service in proper classification, and have been found most satisfactory in the care of the classes for which they were especially designed. The Toner building is the infirmary for the feeble and sick men and its accommodations are kept constantly filled. This is partly accounted for by the advancing age of the old soldiers, who furnish so large a part of the population of the hospital, 72 inmates of the Home for Disabled Volunteers, about one-fourth of the whole number of admissions, having been received during the year.

The introduction of electric lighting, for which appropriation has been made and which it is hoped may be accomplished during the present year, will mark an era in the history of the hospital. It is intended to make extensive use of electric fans for cooling and ventilating apartments for the sick, the assembly room, kitchen, and laundry. An extension of the general kitchen has been completed, affording marked relief in that department. More outside work has been done by hospital inmates than ever before, and arrangements are being made to still further advance this important branch

of mental therapeutics for the chronic insane. The grading of grounds, with the opening of new roads and avenues within the enclosure, shows commendable progress.

GEORGIA.—The Board of Trustees of the State Asylum reports that the present buildings are as large as can be properly and safely operated, and urges upon the Legislature the necessity of an additional institution in some distant locality of the State, suggesting that the State be districted, upon the completion of the proposed new asylum.

ILLINOIS.—The Bureau of Charities and Correction of the World's Columbian Exposition has issued a circular calling for information regarding present facilities for dealing with defectives, dependents and delinquents. It is proposed to make an exhibit which will be stimulative and instructive to those already interested in charitable work, and interesting and suggestive to the general public. The group will include exhibits from all institutions and societies and from official bodies, and will be provided for, first, in general, by the bureau itself; second, by the State Boards of Charities, State Prison Commissions and other bodies and individuals having similar official functions; third, by individual institutions and societies, and by educational institutions which have in their curriculum courses in scientific philanthropy and penal science; and fourth, by manufacturers who make a specialty of goods for institutional purposes.

—The Illinois Central Hospital for the Insane has enjoyed a prosperous year in spite of besetting difficulties. The new annex building, opened last year, has materially added to the usefulness of the institution, but does not relieve the pressure for admission into the hospital.

The demand for admission of male patients has been especially great during the past year. For some reason the number of female patients has lately been less than usual. The institution now has accommodations for 1,200 patients: six hundred in the main building and six hundred in the detached annex buildings.

The new amusement hall and chapel building for the annex department has been completed during the past year. It is a hall 50 by 90 feet in the clear, including the stage and has a ceiling 30 feet high. The audience-room is about 50 by 62 feet with a gallery at one end, and will seat 600 persons. It is artistically frescoed and is illuminated by incandescent electric lights. The stage is modern in fixtures (drop scenes, electric lights, &c.), and so arranged as to give plenty of stage room, the proscenium arch being 21 feet wide, and the stage 26 feet deep. The dressing-rooms are on the first floor of the building, beneath the stage. In the gallery is placed a very complete pipe organ built by Johnson & Son of Westfield, Mass. Taken as a whole, this hall is commodious, artistic and satisfactory. Other improvements to the plant of the institution during the past year have been the addition of a slaughter house, with cold storage facilities, and a new root cellar, a new store building, 40 by 60 feet, with cellar under the whole and two floors. The first floor of the building is divided into a receiving and distributing room, offices, and two store rooms, one for dry goods and

one for groceries, while the upper floor is one room and used for storage of bulky supplies. The electric light plant has been in use since last June and gives satisfaction. Sixteen arc lights are used upon the lawn and grounds, and incandescent lights add cheer and comfort to the wards and other apartments.

The twenty-third biennial report of the institution has just been issued. It contains, in addition to the reports of the Trustees, Superintendent and Treasurer, a complete collection of artistic photographs of the institution (interior, exterior, and bird's-eye views, in all thirty two). They give an idea of the extent of the plant, the surroundings and the facilities at hand for the care of patients. The engraving and printing of the illustrations has been skillfully done.

—At the Northern Hospital, at Elgin, the extraordinary improvements made during the last biennial period, include the erection of two associate dining-rooms, with capacity of 350 patients each. These buildings are one-story brick structures, with cut-stone trimmings and have floor space of 45x71 feet each. The main kitchen is reached by means of connecting corridors, through which the food is served rapidly.

—It is feared that change in the administration of the State may result in re-organization of the hospitals in behalf of the dominant party. Such calamity to the State would be inconsistent with the long standing and intelligent interest manifested by Judge Altgelt, the new governor, in the well managed charitable institutions of Illinois.

INDIANA.—At the Southern Indiana Hospital at Evansville, the past fiscal year has been one of activity. A morgue has been erected, additional roads and walks have been built, and one of the large lakes (No 3.) is finished.

—Statutory exemption from military and jury duty, and from working the roads, of all officers and employes in hospitals for the insane, is urged by the trustees of the Northern Hospital.

—The superintendent of the Northern Indiana Hospital, at Logansport, recommends the conversion of the present assembly and sewing-rooms into a congregate dining-room for four hundred patients. This will result in a gain in capacity of 90 beds, which can be further augmented by 172 beds, by the erection of two buildings, omitted from the original construction for pecuniary reasons, for which symmetrical spaces remain in the elevation.

The special drinking water system, which carries pure well water to drinking fountains in every ward, has been completed, and proves to be a source of comfort to the institution. A new greenhouse and a mortuary have been built. A vineyard of about 300 vines has been established, and a great deal of work has been done upon improvement of the grounds.

The hospital has been equipped throughout with a very excellent system of electric clocks, twenty-four in number, controlled by a central regulator in the superintendent's office. There has also been installed a satisfactory system of service registration for the use of night attendants, having a central time register, which they are required to mark every half-hour while on duty.

—At the Eastern Indiana Hospital, near Richmond, many repairs and minor improvements have been made. A supplementary electric light plant has been installed, a commodious greenhouse has been constructed, and a root-cellar, a carriage-house and an ice-house have been built. Electric time and night watchman's systems have been procured, and are now in use.

IOWA.—The hospital at Independence now contains about 850 patients, and is crowded to its utmost capacity. The trustees have been obliged to discharge some male patients as harmless and incurable, to make room for recent and more promising cases.

An electric light plant, consisting of two high speed engines, two dynamos, and the wiring of the building throughout, has been introduced this year at a cost of \$8,000.

—Dr. P. W. Llewellyn, who has lived at Clarinda for a great many years, and who has been Superintendent of the Hospital there since its opening four years ago, has resigned, and will retire at the end of the present year. The vacancy thus caused has been filled by the appointment of Dr. Frank C. Hoyt, who has been Assistant Physician in the Hospital for the Insane at St. Joseph, Mo., for five years. Dr. Hoyt, although a young man, has had an extended and varied experience before entering the hospital, and is a pathologist of unusual skill. The hospital at Clarinda now contains more than 500 patients. A new amusement hall has just been erected.

KANSAS.—During the last two years the applications for admission have exceeded the capacity of the two State asylums by 319 cases. During the last eight years the whole number of cases rejected for want of room, and discharged to make room for acute cases, has reached the number of 761. The last census enumerated 549 insane persons who were not in the State institutions. It is thought that this estimate is below the actual number, and that with the occupation of the "Knapp Building" at Osawatomie, there will still remain 300 or 400 patients scattered among families, poor-houses, jails or other make-shift quarters. For the State to better fulfill its promises to provide for the insane, it is recommended that the Topeka Asylum be completed, and that a new institution be erected in the central-western part of the State.

—At the Topeka asylum a larger supply and better distribution of water has been obtained by placing additional tanks in the attics. Larger supply pipes have been purchased, and, after the necessary connections shall have been made, considerable gain is expected in the efficiency of the system of internal fire pipe service.

Dr. Eastman and his assistants have been engaged in photographing different portions of the institution, and have obtained a series of views, showing, chronologically, the development of the institution.

The use of mechanical massage, which was introduced a few years ago, is found to be very beneficial in the treatment of many cases.

—At the Osawatomie Asylum the artificial lake, although not yet completed, has fulfilled expectations in two of the purposes for which it was

constructed. It has supplied clear water for steam, laundry, bathing, etc., and last winter yielded a crop of 800 tons of ice, at the nominal outlay of \$74.96 for extra labor, a saving of \$725 on one crop of ice. The lake covers an area of two acres, and when finished will show from eight to twelve feet in depth of water, which will be stocked with choice varieties of fish, and in a few years will yield a valuable acquisition to the dietary. The work of construction has been mostly done by the regular force of employes and patients, and has reached a stage which will admit of completion without the employment of extra labor. The items of an inexhaustible supply of clear water, of ice, and of fish, will make this lake one of the most valuable resources of the institution.

"Annex East," soon to be occupied, is a superior building in architecture, quality of material, and workmanship. It is on the mixed plan of fire-proof and slow combustion, and has been completed and equipped with an elaborate system of steam heating, plumbing, ventilation, spring and river water service, sewer connections and drainage, besides kitchen outfit, including range and steam table, jacketed steam kettles, jacketed steam roasters, battery of tea, coffee and water urns, jacketed copper fruit urn, and broiler, at a cost of less than \$200 *per capita*. The first story is occupied as four day-rooms, the second and third make eight associated dormitories, the fourth is used as a store-room, and the basement provides the kitchen and two dining-rooms. The building will accommodate about three hundred patients of a class suitable to its appointments. The direct appropriation was \$60,000, but considerable sums were required in addition for furnishing, as well as to enlarge the bakery, laundry and heating plant of the parent building, to enable them to serve for the additional patients. This building was begun and nearly completed under the administration of Dr. A. H. Knapp, and, in honor of his connection therewith, it has been named the "Knapp Building."

—After eighteen years' service in the capacity of superintendent, Dr. Knapp resigned in December, 1891, his resignation to take effect at the end of the fiscal year, June 30, 1892, at which time he returned to his former home in Ottawa, Kan., to engage in the general practice of medicine. His numerous friends were surprised and shocked to hear of his sudden death from pneumonia, which occurred December 30, 1892, at the age of sixty-eight.

—The Superintendent of the Topeka Asylum, B. D. Eastman, M. D., (College of Physicians and Surgeons, New York, 1862), is giving a course of clinical lectures upon insanity to the advanced students of the Kansas Medical College.

—It is very probable the asylums (as well as other charitable institutions) will suffer from change of administration on account of the State government being in the hands of a new political party. The practical politicians are already shouting the refrain "To the victors belong the spoils!"

MAINE.—The Maine Insane Hospital is very much overcrowded and there is considerable discussion, as the Legislature is convening, relative to further provision for the insane. Land has been purchased in the eastern part

of the State, and plans have been made, quite closely imitating the Danvers Hospital. All interested in the welfare of the insane will labor for an appropriation which it is expected will be obtained this year.

MARYLAND.—The ninety-fifth annual report of the Maryland Hospital for the Insane shows an average daily population of four hundred and thirty patients for the year 1892. The deaths during the year were thirty-two, the mortality for the year having been 1.3 per cent. less than the average for the past ten years. A new pavilion with improved light and ventilation has been constructed for the better care of the paralytic demented, the separation of this class of patients affording great relief to the main building.

Many improvements have been made in the house and grounds, and a comprehensive plan for plumbing and sewage-disposal has been made by Col. Geo. E. Waring, Jr., of Newport. During the past two summers a number of the patients have been quartered in tents on the grounds. This experiment has been highly satisfactory. The patients detailed to the tents were greatly pleased and no attempts at escape were made by any of them. Over fifty per cent. of the patients are employed in some useful occupation in the hospital and on the grounds. An appendix to the report contains reports on eighteen abdominal sections, by the superintendent; One case of cranial surgery, by Dr. J. Percy Wade; The relation of renal diseases to insanity, by Dr. M. D. Norris; Septic absorption as a cause of acute delirious mania, by Dr. F. Caruthers; and the use of Sulphonal and Hyoscine in acute maniacal conditions, by Dr. J. H. Scally.

—The vacancy in the State Lunacy Commission caused by the death of Dr. Alex. H. Bailly has been filled by the appointment of Dr. R. W. Dashiell. Dr. John Morris has been elected president of the commission.

—The Sheppard Asylum closed its first year of medical work December 1, 1892, with twenty-six patients—fifteen men and eleven women. During the year fifty-three patients were admitted and twenty-seven discharged. Of those discharged, four were recovered—four died and six were cases of alcoholism—nine were improved and four stationary. At present but one of the two buildings which have been erected, is occupied. The men patients occupy the first floor, the women the second. The wards in this building have all been carefully and very comfortably furnished and the effort has been to make them as home-like as possible.

The training school has been established for nurses, and has already demonstrated its usefulness. The experiment is being tried of permitting persons not connected with the institution, but interested in the subject, to attend the lectures. In the forthcoming annual report the Superintendent will follow the prevailing tendency and present illustrations of the buildings and surroundings.

—The subject of an improved standard of care for the insane is being agitated in Maryland, and it is hoped that a much needed reform will result.

—The Trustees of the Bay View Asylum, which is exclusively for the insane of the city of Baltimore, are considering what can be done to improve the

condition of that institution. Early in December, 1892, Dr. Brush of the Sheppard Asylum, at the request of the Mayor and the Trustees of the Asylum, made a thorough examination. In a report to the Mayor, Dr. Brush pointed out the more marked deficiencies at Bay View, and called attention to the very bad policy from an economic standpoint of accumulating chronic cases, because of lack of the proper facilities to promote their recovery. He recommended abandoning the old asylum and its very undesirable connection with the almshouse, purchasing a large farm, convenient of access, and building a new asylum.

Dr. Brush says in substance that radical changes are necessary to bring the institution up to the standard which the proper care of the insane requires: that the combination of institutions for paupers and insane is wrong, and attempts at reformation will be futile while the connection exists: that experience has taught that such association results in the care of the insane sinking to the level of the care of the pauper. The Bayview buildings, he says, are poorly adapted to the care of the insane, as they permit little or no classification and the crowding is deplorable.

"I saw," continues Dr. Brush, "quiet and noisy, dull and active, old and young, strong and feeble, herded together—no better term can be used. Young children who were both mentally and physically crippled were found in the corridors devoted to the insane contracting habits and tendencies of the most unfortunate and degrading character, and presenting in some instances, by reason of their very deficient intellectual development and physical deformities, an appearance at once depressing and revolting. These idiots and imbeciles, as experience has proved, are many of them capable of training and a limited degree of education, and experience has also shown that if neglected they inevitably retrograde and become the most troublesome cases."

Of the insane at Bayview, Dr. Brush says that, while the present situation continues, the citizens of Baltimore must face the fact that annually they are condemning scores of their fellow-citizens to years of incurable insanity and hopeless misery, who might, under proper care and with proper surroundings, recover. "These are strong words," he continues, "but I am certain of the support of every intelligent alienist, and strong words are demanded. In caring for the insane, the institutional and custodial features of the asylum should aim to make patients, not prisoners, of the inmates. Promote healthy thought by pleasant environment, kindly and sympathetic treatment, and such occupation and recreation as the exigencies of individual cases will permit. For the best results the patients should be treated as individuals and not in the aggregate.

"None of these requisites are possible at Bayview. The wards or corridors are cheerless and almost utterly devoid of anything attractive. They are so crowded that on many of them there are not enough seats for all of the patients. The dining-rooms are unattractive and deficient in furniture. The patients are not supplied with ordinary and necessary table utensils. The cells for violent and untidy patients are very defective. Many of them have no direct communication with the outside air, and the use of asphaltum for floors is but a confession that there is not sufficient night supervision and

nursing to keep the patients or their quarters in a clean and decent condition. Patients are locked in these receptacles at night and often for days at a time, with a straw mattress thrown upon the cold asphaltum floor, and in the morning their condition and the state of their sleeping apartments can be better imagined than described. With proper care all this is unnecessary. A sufficient and properly trained corps of night nurses could keep these patients in a clean condition and in a short time wonderfully improve their habits. Not only is there a terrible lack of night supervision and nursing, but the day nursing and attendance is sadly deficient. I saw wards with patients enough to occupy the attention and skill of four good attendants or nurses under the care of one attendant and assisted by two paupers brought over from the almshouse. I do not wish to appear to attack any one, no matter how remotely connected with Bayview. As much probably has been done as the means at command would permit, but I do believe more means would be forthcoming if the people of Baltimore were made to understand the need.

Dr. Brush favors State supervision of the insane, but says that if the State will not assume charge he should advocate the purchase of several hundred acres of land by the city as a site for the necessary institution. The land should be easily reached, capable of cultivation and well supplied with water. Upon this tract carefully planned but inexpensive buildings of the pavilion order should be erected. He does not believe that the chronic insane have been done away with or can be by law or any other process—and believes that the future work of large hospitals compelled to receive all classes, acute and chronic, must be done by concentrating, in distinct buildings, the medical work upon the acute cases if good results are to be obtained and economy maintained.

Dr. Brush suggests the appointment of a commission to consider the whole subject in conjunction with the trustees of Bayview and elaborate a plan of action. The Mayor in his forthcoming message will call the attention of the city council to the matter.

The Commissioners of Baltimore county having decided to build an annex to the almshouse for the county insane, the Lunacy Commission of the State has written a letter protesting against its erection, and several public spirited citizens of the county have united in an application to the courts for an injunction forever restraining the Commissioners from their proposed action.

MASSACHUSETTS.—*Boston Lunatic Hospital*.—The new two-story pavilion for one hundred quiet male patients, at Austin Farm, was dedicated by a house-warming party November 23 last, and will be opened at New Year's. Two smaller pavilions for fifty chronic excited patients each—one for each sex,—a pavilion for fifty more quiet men, and a large associated dining hall for three hundred of both sexes and for a chapel and amusement hall, with general kitchen and bakery attached, will soon be under contract.

Thirty-five acres of land have been purchased in the square adjoining Austin Farm for a new insane hospital for the city of Boston, to replace the antiquated structure so long in use at South Boston. Plans

have been made for two hospital pavilions, one for each sex, of about eighty beds each. They are of two stories, of slow burning construction, similar to the new dormitory at Austin Farm. Three inch plank floors and walls of terra cotta lumber, wire lathing and cemented walls, interiorly and exteriorly, make a reasonably safe building. The architectural effect of the half timber and cement style, and the steep roofs, gables and cupola, and the ornamental semi-detached lavatories at each end will be pleasing. These new wards will soon be under contract, and the central buildings are already planned.

—The Trustees of the McLean Asylum have voted to change the name to the McLean Hospital, and the new title is expected to be ratified in February by the Corporation.

—Dr. Milo Augustus Jewett, formerly assistant physician at Brigham Hall, Canandaigua, N. Y., and later at the Danvers Lunatic Hospital, recently resigned from the staff of the latter institution to accept the appointment of Consul to Sivas, Asiatic Turkey.

—At the Taunton Lunatic Hospital the infirmary for women has been completed and is now occupied. Accommodations are provided for about seventy patients, with excellent facilities for caring for the sick and infirm. The outside dimensions of the main structure are 97 by 40 feet; with an easterly projection of 28 by 28 feet; and a westerly projection of 7 feet. The end of the east extension is finished with an octagon bay large enough for a sitting-room for a half dozen persons. This extension is used as a dormitory for 12 or 14 patients. Besides this dormitory there are nine single rooms in each ward, including a room for nurse, dining-room, bath-room, closet, and clothes-room; there are also a bath-room and water-closet in the octagon tower for the use of the four rooms designed to be isolated for acute and contagious diseases. A large open fireplace is in the centre of the building, opposite the dormitory. Projecting from the south end of the main building is a large, circular bay, with southern exposure. Five rooms are finished in the attic for the use of night nurses. The woodwork of the building is of selected brown ash, finished with shellac and varnish. The floors are of the best rift hard pine, blind nailed. Heating, ventilation and plumbing are all that can be desired. The cost of the building is about \$46,000.

Work on the infirmary for men is progressing, and the building is expected to be sufficiently dry for interior finish by spring. The plan is essentially the same as that of the infirmary for women.

A new boiler-house, accommodating four horizontal tubular boilers, has been completed and in use for several months.

—At the Worcester Insane Asylum increased protection against fire has been provided on the female wards, by the introduction of inside stand-pipes connected with the high-pressure water service. The work of grading and improving the grounds has progressed steadily. A new croquet and tennis court has been constructed, and a considerable portion of the lawn has been newly seeded down.

—At the Westborough Insane Hospital, the new laundry and bakery building will soon be occupied.

MICHIGAN.—At the Michigan Asylum at Kalamazoo, the "Pratt Cottage" on the Colony Farm was opened for the reception of male patients, early in October last. This cottage, built of brick, is 126x56 feet and three stories high. It is heated by indirect radiation and is ventilated by means of fireplaces and of ventilating shafts constructed within the walls through which foul air is carried to the attic, and thence through galvanized iron pipes through flues opening through the roof surmounted by globe ventilators. Every room in this house used for living or sleeping purposes, except one small dormitory, has a fireplace. The cottage is supplied with hot and cold water, and the former is furnished by means of a Boynton Hot Water Heater. The water-closets are supplied with automatic flushing tanks and are apparently trapped and ventilated into the outer air in accordance with the latest and most approved sanitary plumbing. The sewage from this cottage is disposed of by an Intermittent Sub-Surface method, the first of its character in use in connection with any of the Michigan institutions. All sewage is collected in a large underground tank, divided into two compartments, in the larger of which is a siphon which empties the tank once in from twenty-four to thirty-six hours into a discharge sewer which carries the waste to a gravel field where it is distributed through a large net-work of drain tiles that are laid immediately under the surface. Thus far the system works quite satisfactorily. This house has sixty beds and is occupied by a class of comfortable male patients, some of whom are chronic cases, and others convalescents, many of whom assist in the farm work. The cottage is in charge of a man and wife, experienced attendants, who are assisted by one male attendant and two female employés who help with the housework and cooking. All patients residing at the Pratt Cottage are free to come and go about the premises as they choose, the doors being open during the entire day.

A system of water mains has been laid entirely around the male department, and hydrants attached at convenient intervals. This is connected with large storage cisterns which are supplied from the well which gives the general supply to the asylum. The system of water mains is to be extended, as soon as the season will permit, around the female department and with the water tower, for which an appropriation is expected from the present legislature, the asylum will be equipped with a complete system of water-works of its own.

A severe hail storm on July 21st last, the most destructive ever known in this locality, broke over 5,000 panes in the asylum greenhouse, besides breaking considerable glass in the main buildings and in the chapel and amusement hall.

—The first graduating exercises of the Eastern Michigan Asylum Training School were held December 8th. Twenty-one nurses received certificates. Addresses were delivered by Dr. E. A. Christian, Hons. A. C. Baldwin and J. E. Sawyer, Trustees, and Hon. W. G. Vinton, President of the Board of

Trustees. A reception was tendered the class by Dr. and Mrs. Burr, assisted by the medical staff.

—At the Northern Asylum a cottage for fifty women patients has been constructed. This building is similar to the other cottages of the institution, except in having fewer and larger dormitories. The cost was \$15,000, the work having been done under the direction of the asylum staff.

MINNESOTA.—During the past six months the hospital at St. Peter has put in practice the system of post-mortem examination and graphic record formulated by the committee of the American Medico-Psychological Association. The work in gross pathology is very thorough, but facilities for microscopic work have not yet been obtained. Reference to the biennial report shows the progress in the direction of making careful autopsies.

There was an epidemic of dysentery in the hospital, affecting the sexes about equally, beginning in the latter part of September, and lasting through October. There were about sixty cases in all—of whom nine died. However, all of those who died, with the exception of one man and one woman, would have died with any other acute disease, as they were already very feeble.

In the beginning of the epidemic, the atmospheric conditions were peculiar for this neighborhood, in that there were very warm days and cool nights, with a marked increase in *relative humidity*. Among the women, the bulk of the cases occurred in those who were in the habit of sitting on the ground when out-of-doors. Among the men, those were attacked who were accustomed to working out-of-doors. The disease was to some extent prevalent in the neighborhood as well. In two cases autopsies were made and the characteristic lesions were found in the rectum and descending colon.

—Dr. Bartlett, whose resignation took effect January 1, 1893, will engage in private practice in Minneapolis. His address is "Hampshire Arms," cor. Ninth street and Fourth Avenue, South, and his office, 512 and 513 Masonic Temple, Hennepin Avenue.

—The Second Minnesota Hospital for the Insane at Rochester asks, among other things, for appropriations for a new fire-proof centre building, a chapel and amusement hall and an electric light plant. A bill codifying the law regarding commitment has been introduced in the Legislature. The institution has 1,100 patients.

MISSISSIPPI.—The contract has been let for the erection of a two-story brick building for laundry and boilers at the East Mississippi Insane Asylum.

—The contractors have about finished work on the asylum at Jackson, and the new wards will be occupied in January. This will give room for all the insane in the State for some time.

MISSOURI.—At the St. Joseph Asylum four wards have been added, which, when completed, will increase the capacity of the asylum by 120 beds. Two large three-story bay windows have been added to the old wings.

Brick tunnels have been constructed to connect the main and hospital buildings and the laundry.

The pathological report, appended to the biennial report of the Managers, gives a resumé of the pathological investigations of the two years just ended. Its especial feature is the discussion of pachymeningitis hæmorrhagica interna, based upon *post-mortem* examination of three cases.

NEW JERSEY.—At the Essex County Asylum a new wing has been built. This wing adjoins the administration building on the southwest, completes the original plan, and furnishes accommodations for nearly one hundred patients. In the rear of the new wing a three-story extension has been added, to provide a dining-room for each ward. The floors of old apartments have been repaired, and three workshops for patients have been provided.

NEW YORK.—In his annual message to the Legislature, Governor Flower makes the following comments upon the care of the insane:

"The policy inaugurated by the State in 1890 of assuming the entire care and custody of the dependent insane will go into final effect during the present year. The work of preparation is nearly finished; nine State hospitals, costing upwards of \$10,000,000, have been put in readiness; about 7,900 patients from the county poor-houses have been placed in the State hospitals, and the remainder (about 700) are expected to be transferred before May first. It will be incumbent upon the Legislature, therefore, to make provision for the maintenance and support of nearly 9,000 patients.

This obligation is a serious one in its relation to taxation, and demands close scrutiny. It will considerably increase the annual State tax rate. It has been carefully computed by the Commission in Lunacy that the aggregate cost to be provided for by legislative appropriations, including salaries, clothing, transportation, etc., will be about \$1,300,000. The State has been in the habit of providing for about \$200,000 of this sum, so that the actual ordinary increase of taxation will be about \$1,100,000. In addition, the Commission in Lunacy estimates that provision will have to be made for an increase of 440 patients for the year ending October 1, 1894. These additional accommodations can be supplied by judicious enlargement of existing hospitals rather than by the construction of new institutions.

Of course the assumption of this burden by the State relieves the counties to that extent. In fact the relief is much greater, for by the State Care Act the counties of New York and Kings are exempted from its provisions, and those counties will continue to care for their own dependent insane, and must necessarily share at the same time the cost of maintaining the State insane. Until they shall avail themselves of the privileges of the State Care Act the effect of State care will be to afford a large saving to almost every county in the State.

If the total cost to the State shall be in the neighborhood of \$1,300,000 annually, the State tax rate will be increased by about one-third of a mill on last year's valuation. I recommend to the legislature that all appropriations granted for the State hospitals for the insane be hereafter included in one act, and that the rate of tax for this purpose be fixed and levied separately

from the general tax for the support of government. Thus the people will always know exactly what they are paying for the maintenance and support of these institutions.

I am convinced from personal examination that the policy of the State's caring for its poor insane is a most praiseworthy philanthropy when compared with the county system which had prevailed for so many years previously, and which in many cases justly excited the horror and disgust of all friends of humanity. But the great danger of this assumption of responsibility and expense by the State is mal-administration. Corruption, extravagance and the improper injection of politics into hospital management will be constant foes, which if not combated and overcome will bring reproach upon the State and prevent the accomplishment of much good. Legislation should be designed to require strict accountability, and all possible avenues for extravagance should be closed. I have observed that there are remarkable differences of cost now between the different institutions in the same classes of expenditure. For instance, in one hospital the cost of fuel has been proportionately much higher than in other institutions; in another the cost of various articles of food was proportionately greater, and so on. The difference in environment did not seem to account entirely for these decided variations, and the conclusion was inevitable that the management was at fault. This could all be remedied by proper legislation and careful administration. As one means of accomplishing this end the legislature should require that all moneys should be paid on the warrant of the comptroller upon monthly estimates prepared and approved as in the case of the State prisons, and that all receipts of the State hospitals shall be turned into the State treasury. It is worth calling attention to that during the past three years there has been a steady reduction in the per capita of maintenance in every hospital except two, and these exceptions were not occasioned by any fault in administration, but by changed conditions.

The hospital buildings, which I have had the pleasure of inspecting during the past year, are without exception creditable to the State and well adapted for their purpose. The increased accommodations provided by recent acts of the legislature are of a comparatively cheap type, but of excellent material and show substantial workmanship.

The number of committed insane in the State on October 1, 1892, was as follows:

State hospitals	7,832
Licensed private asylums.....	902
Asylums of New York and Kings counties.....	7,887
In county poor-houses awaiting removal.....	802
Total.....	17,423 "

—The State Commission in Lunacy has issued an official directory of the hospitals and asylums of the State, giving the incorporate titles, management, and means of access. Nine institutions comprise the State Hospital System, five the Exempted County System, and eighteen the Licensed Private Asylum System.

—The State Commission has also issued orders respecting the rules to be observed in the transfer of patients from one institution to another or from their homes to institutions. It is specified that (1.) Patients must be in a condition of bodily cleanliness; (2.) Patients must not be taken from their residences to poor-houses for the purpose of examination; and (3.) Patients must be provided with a full suit of underclothing and of outer clothing, including head-wear, boots or shoes. Special precautions against improper exposure, rough handling of patients, and the introduction of contagious or infectious diseases into institutions are also ordered.

—Based upon resolutions of the Association adopted in 1871, the Commission has made recommendation that the Boards of Managers of the State Hospitals afford to medical colleges situated in their vicinity, as well as to practicing physicians, such facilities for the clinical study of mental diseases as in the judgment of the medical superintendent may be deemed wise and proper.

—Under date of December 3, 1892, the Board for the Establishment of State Insane Asylum Districts and Other Purposes, has issued its certificate that "sufficient accommodations have been provided for all of the public insane of all the counties of the State." This certificate is made in accordance with the provisions of Chapter 176 of the Laws of 1890 (The State Care Act), which provides that "after sufficient accommodations shall have been provided for all of the public insane of all of the counties of the State, the expense of the care, custody, maintenance, treatment and clothing of said patients shall not be a charge upon any county after the first of October, next ensuing, but the cost of the same shall be paid out of the funds provided by the State for the support of the insane." It is estimated by the Commission in Lunacy that an appropriation of \$1,300,000 will be required to carry out the provisions of this law during the ensuing fiscal year.

—In its annual report the State Board of Charities will discuss the ways and means of diminishing pauper immigration. The Board will recommend that, in addition to certificates from the Government Consular officers that every immigrant has been inspected, the United States should require each immigrant to produce a certificate signed by the local authorities of the place in which he lives, declaring that he is in good health and capable of earning his living. Should it be discovered, under such safeguards, that an immigrant is a pauper, this Government could trace him to the locality where the certificate was obtained, and the representatives of this country could make complaint of the perjury of the officers making the certificate. During the year ending September 30, 1892, the Board removed 150 alien paupers from the poorhouses and other charitable institutions of this State and returned them to their homes in Europe. Estimating the average of the lives of these 150 persons at fifteen years, they would have entailed an additional expense by cities and counties of \$234,000 in taxes for their support.

—On the 11th of January, *instant*, the State Board of Charities submitted to the Legislature a special report on the establishment of an institution, on the colony plan, for the medical treatment, care, education, and employ-

ment of epileptics. Under Chapter 503 of the Laws of 1892, the Board was ordered to select a site for such an institution and make its report. The duty was put into the hands of Oscar Craig, President of the Board, and Commissioners William P. Letchworth and Peter Walrath as a committee.

After personal inspection of many sites and careful consideration the committee decided in favor of Sonyea, about three miles from Mt. Morris, Livingston County.

This property is in the Genesee Valley and is owned by the Sonyea Society of United Christian Believers (Shakers), which has decreased in strength so that it is unable to hold its possessions. Its members have already gone to join a similar society near Watervliet, N. Y. The society offers it for \$125,000, a reduction of \$25,000 on the price originally asked. One hundred and twenty-five thousand dollars is believed to be much less than the property would sell for in the market, but the society is anxious to have it sold in bulk for a charitable use, and has given the State an option on it.

There are over 1,800 acres in the Sonyea tract. There are crossing it two large creeks, affording the best of drainage and sufficient water power for all purposes save heating. The water of these creeks has, by analysis, been shown to be of the purest kind, and there is an abundance of springs about. There are good roads across the tract. The soil is very fertile and easily tilled. There are already on the property substantial buildings sufficient to accommodate from three to four hundred patients at the present time. The land having been occupied by a thrifty colony, everything possible is in the best order. The only objection to it is in its distance from the centre of population; but this is more than compensated for by its great advantages and by the fact that its railroad connections make it quite accessible to all sections of the State.

—The Utica State Hospital completed its fiftieth year January 16, 1893. Agitation for the establishment of the Hospital was begun in 1830, when Governor Throop called the attention of the Legislature to the need of provision for the insane in addition to that afforded by the Bloomingdale Asylum, at that time the only institution of the kind in the State. Active operations were not begun until 1837, when the site at Utica was selected and building commissioners were appointed. Dr. Brigham was appointed superintendent in September, 1842, and the asylum was opened for patients in January, 1843. At that time there were thirteen State asylums in operation: two in Virginia, and one each in Maine, New Hampshire, Vermont, Massachusetts, Maryland, Ohio, Kentucky, South Carolina, Georgia, Tennessee and New Jersey. The first assistant physician appointed was Dr. H. A. Buttolph. Of subsequent medical officers the following have assumed superintendencies of various asylums: Drs. H. A. Buttolph, D. Tilden Brown, C. H. Nichols, George Cook, N. D. Benedict, John P. Gray, Edwin H. Van Deusen, John B. Chapin, Joseph M. Cleaveland, S. E. Shantz, Walter Kempster, Daniel H. Kitchen, Judson B. Andrews, Edwin E. Smith, E. N. Brush, G. Alder Blumer, Charles W. Pilgrim and Charles G. Wagner.

—The Board of Managers of the Buffalo State Hospital have contracted to build a Nurses' Home to accommodate twenty-five women nurses, at a cost of \$16,000. This sum is taken from the surplus earnings of the institution. The building is a substantial brick structure containing two stories and dormer rooms. The first floor is given up to reception rooms and a good sized school room, which will be used for the training school of the Hospital, as well as the day school for patients.

On the morning of December 5th, a small fire caught in the roof of the kitchen, being communicated by the pipe which led from the hood over the range. This was some thirty feet long and passed directly from the hood through the roof. The accumulation of carbon, probably some grease and the dust from the sweepings, furnished the material, which was readily ignited by a spark, communicated when the coal was put into the fire box of the range. The whole of this pipe immediately became red hot and the roof caught instantly. This was at eight o'clock in the morning after the breakfast had been sent to the wards. The working men and attendants got out the hose and instantly played two streams of water on the fire. There was no noise or confusion and everything was conducted with the promptness equal to that manifested by a thoroughly organized fire department. Very little damage was done; probably not over fifty dollars' worth. The occasion gave an opportunity for a trial of the fire alarm apparatus, which was found in excellent condition and transmitted the alarm promptly to the fire department of the city.

A new greenhouse 10 by 25 feet has just been erected, particularly for the raising of roses and carnations. With the facilities now possessed a good supply of plants for the wards will be furnished.

The new work room, 87 by 52 feet, to which reference has heretofore been made, provides improved opportunities for work and is utilized as a shoe and tailor shop, and also for the manufacture of brooms, brushes, mattresses, etc.

—At the Willard State Hospital the overcrowding which existed a year ago has been entirely overcome by the erection of two dining-room buildings and by the conversion of the old dining-rooms into dormitories; by the removal of the sewing-rooms to the laundry building, and by adding a bed here and there, where space would permit. Throughout the institution the number of beds has been increased by 162, although not a single ward has been added to the hospital. This increase in capacity has been brought about by the expenditure of about one-fifth of what it would have cost, had a new building been erected for a like number of patients. The most important improvements during the year were the erection of the dining-rooms buildings, and the alterations in the laundry which made it possible for the organization of a very complete industrial plant. The new dining-rooms, of which there is one on each floor, will seat from 125 to 150 patients, comfortably. They are well-lighted and cheerfully and attractively furnished. In some instances the long tables have been discarded, and round ones substituted, thus giving the rooms a cozy and home-like appearance, which will compare favorably in attractiveness with the dining-rooms in the majority of hotels. On the men's side, women are

in charge, and experience shows that they do the work much better, and keep neater dining-rooms than were kept by men. In the industrial department, a large sewing-room has been organized. Six manufacturing machines and a button-hole worker, driven by steam, have been introduced. About fifty patients are kept busy cutting and making clothing in this room. In the next room, several patients have been kept busy making mattresses, repairing shoes, etc. In fact, the whole building is a scene of constant activity. An old barn has been converted into a hand laundry, where considerable work is done by patients; it has proved to be a source of satisfaction to the patients, and a benefit to the institution.

The percentage employed in some kind of useful occupation has steadily increased during the last three years. In 1890 it was 35 per cent., in 1891, 42 per cent., and in 1892, 54 per cent. of the daily average number under treatment. This means that employment is found for more than 1100 patients each day. Many changes have been made upon the wards, and a great deal has been done in the way of furnishing and decorating. A music box, five pianos and a billiard table have been purchased during the past year. The reading matter has been largely increased, by subscription. There has been a marked increase in the night service, especially in the Main Building. Where there were only two night watches a year ago, there are now twelve. All epileptic and suicidal cases are now under night care.

Considerable attention has been given to amusements. At least one entertainment per week has been given, in addition to the weekly dances. In the summer, outdoor sports and open air concerts were substituted for the indoor entertainments.

The most important improvement in contemplation the coming year is the extension of the electric light plant so that all the buildings may be lighted by electricity. At present, a part of the institution is lighted by gas, so that it is necessary to maintain both a gas and electric light plant. The Legislature will be asked the coming season to make an appropriation sufficient to extend the plant and make it large enough to light the whole institution. It is also hoped that an appropriation may be obtained for the building of an engine-house, and the introduction of a reliable fire alarm system.

Hadley Hall, (named for Hon. Sterling G. Hadley, President, and since the foundation of the institution an active and energetic member of the Board of Trustees) the new assembly hall, will be completed early in the spring. It has been enclosed some time, and workmen are now busy on the interior. It is a very handsome building, and will have a seating capacity of a little more than one thousand. It will be used for secular and religious purposes, and it is contemplated to have quite a complete gymnasium in the basement.

In addition to the training school for nurses, the day school for patients, and the dancing class, a singing school for both patients and nurses has been recently started. The class meets weekly, and is under the supervision of an experienced teacher. Much interest is manifested in the singing school, and both patients and employes look forward to it with as much pleasure as the dances.

The contract has just been let for the building of a steamboat 75 feet long, with 15 feet beam. It is to be finished by May 1st, 1893, and will be put to good use during next summer.

—The new buildings constructed at the Binghamton State Hospital under the provisions of the State Care Act have been occupied for several months and are very complete in all their appointments. In fact, it has been found possible to furnish them more elaborately with chairs, settees, couches, pictures, rugs, carpets and draperies than any other buildings on the premises, within the *per capita* cost of \$550.

During the last six months marked progress has been made in promoting the industrial operations in the shops. There are now made by patients, a great variety of floor mats, brushes and other useful articles besides the repair of chairs, couches and other furniture. A new tailoring shop has been opened where from twenty to thirty women are daily engaged in making clothing. Seven sewing machines are run by electric power, in addition to a number of machines operated by foot power. A departure has recently been made in the method of bathing patients. There has been constructed a large plunge bath capable of holding 25,000 gallons of water. In connection with this, a system of sprinklers and nozzles attached to hose pipes is erected on the bath-room wall. Patients are bathed by means of these hose pipes and then take the plunge in the swimming bath. This new arrangement for bathing is highly satisfactory.

At the close of the year, arrangements were made for the first annual Christmas tree festivities. Circulars were sent to the friends of patients early in December, and before the 25th more than 500 responses were received in the shape of boxes and packages of all sorts and sizes. The distribution of these presents afforded the patients a great deal of pleasure.

—At the St. Lawrence State Hospital, the work of construction has progressed. The convalescent cottage for women has been enclosed and the large group of buildings for 400 women patients is nearly completed and ready for furniture. It is expected that patients can be received in the latter building by July 1st, increasing the accommodations at this hospital to 1,000.

—The new State Asylum for Insane Criminals, at Matteawan, during the year has largely increased in population. In October, 1891, the total population was 239. At present it is 371. Since the opening of the institution in April, the admissions have been far in excess of any similar period in previous years. The general character of this institution since its establishment has undergone a very decided change. Originally intended to provide accommodation only for convicted cases, its scope has been materially enlarged. By statutory provision, it has long been empowered to receive cases from the courts who are charged with crime and who interpose the plea of insanity as a defense; and also by later enactment to receive similar cases by transfer from the various State hospitals to which they may have originally been committed.

By reason of such admissions, the number of court cases has become so great as to constitute a very large proportion of the total number of in-

mates. Under the provisions of Chapter 515 of the Laws of 1884, all the insane held upon judicial orders have now been removed from the State hospitals and placed in the care of this institution, excepting those at Binghamton, Utica and Ogdensburg, and these doubtless will soon be transferred. Owing to the sufficiency of the accommodations here provided, it is probable that hereafter judicial commitments will be almost wholly made to this hospital and that courts will commit cases directly, and the circuitous method of transfer, provided under the Law of 1884, be avoided. The number of convicted cases now at this institution who are undergoing sentence, constitutes less than forty per cent. of the total population; and it is probable that this percentage will decrease. Moreover, many of the cases received through the penal institutions should have been originally committed here, as their insanity actually existed at the time the crime was committed, but its presence did not manifest itself at the time of trial, or, if it did so, was not recognized.

This new asylum is substantially built and is sufficiently large to provide suitable accommodations for its special class of inmates for some time to come. While everything necessary to the proper maintenance and treatment of the inmates is provided, yet there remains much accessory work to be done. It is probable that an appropriation will be asked this winter for farm barns, grading, farm roads and carriage ways, for completing an outlet sewer to the river, and for general improvements incident to an institution that has been newly opened.

—At the Long Island Home at Amityville, accommodations have been increased and classification improved by arrangement of a day-room in connection with an old dormitory. Much has been done during the year in the way of interior decoration and furnishing, in the improvement of heating apparatus, and the acquisition of means for safety in case of fire.

NORTH CAROLINA.—The act of the Assembly of 1891, allowing the State Hospital at Morganton to receive inebriates under commitment, as such, has been in operation two years.

Eighteen persons under this statute have been received; nine alcoholic and nine opium inebriates. Of the number discharged cured, five remain well, two alcoholic and three opium inebriates; five returned to the habit, two have been lost sight of, and four remain under treatment. The experiment is not considered a success, but is thought to be an improvement upon the commitment of inebriates as insane.

This year completes the first decade of this hospital. The percentage of recoveries for the ten years has been 37 per cent. The average yearly death rate has been 4.6 per cent. on whole number treated.

Advance sheets from the eleventh census show that the increase of population in this State has been 217,824 since 1880. In the same period there has been an actual decrease of 296 insane in the State. There are supposed to be, outside the Hospitals and Asylum, in Eastern District, 191 white insane; in Western District, 281 white insane; in State, 110 colored insane; a total of 582.

A congregate dining-room for women has been built and has been in use since August. On the second floor a new ward for thirty-two patients was thus added, which is very comfortable and airy. With this ward and by the use of the ward dining-room as dormitories, an addition of eighty beds for women and two large work rooms has been made.

The report of the Board of Directors recites in detail the improvements, the urgent need for increased accommodations to the end that the insane may be kept out of the poorhouses and jails, and asks for an annual appropriation for two years of nine thousand dollars for improvement and enlargement.

—Plans and specifications have been made for the erection of two infirm-ary buildings adjacent to the main wings of the asylum at Raleigh. The designs provide for three sections in each infirmary—a centre and two wings. The centre section includes the hospital, supervisors' or attendants' quarters, the dayroom, 30 by 50 feet, and, immediately in the rear of the latter, and connected with it, the dining-room and accessories. There are to be two hospital rooms in each building. Each building will be almost surrounded with porches, for the recreation of convalescent patients. The rooms will be lofty, with gothic-shaped ceilings, in the apex of which occur the means for ridge light and ventilation, additional to that afforded by the side lights. There is also planned, as a means of improved ventilation, the insertion of a register beneath the bed of each patient, to communicate through a flue with the external air. Only the front section of the centre building is two stories, giving space for two commodious associate dormitories.

Outside fire-proof stairways have been completed and afford easy egress from all wards.

OHIO.—At the close of the year, November 15, 1891, there were 810 patients—393 males and 417 females—on record at the Athens Asylum. During the year 255 were admitted; 132 males and 123 females, making a total number under treatment of 1,065; 38 male and 49 female patients were discharged recovered; 27 male and 22 female, as improved; 12 males and 12 females as unimproved and 33 male and 39 female patients died—twenty-three of the deaths were from phthisis, and there were but few who died from acute disease.

During the last four or five months a "sewing circle" which meets monthly, and a spelling school which meets once a week, have been inaugurated for the amusement of patients. The regular weekly dance has been kept up and Divine services are held in the chapel room every Sunday afternoon. During the coming winter we expect to give a series of stereopticon entertainments with lectures, also private theatrical exhibitions.

A uniform has been adopted for the attendants in the department for males. The female attendants will wear a badge of neat design. Iron fire-escapes have been erected on the wards and part of the administration building. A new iron and stone veranda at the front entrance to the institution, to cost about \$5,000, is being rapidly completed.

—The Commission appointed to locate a new asylum have decided upon a farm of 230 acres near Massillon. The Board of Trustees, to prepare plans

and build, has been selected and consists of Mr. Robert Sherrard, Mr. S. G. McMahon, Mr. W. H. Mullins, Dr. H. C. Eyman, and Dr. A. B. Richardson. The institution will probably be built largely, if not altogether, on the detached building plan.

—The hospital for epileptics at Gallipolis is in process of construction, and the Board of Trustees expect to be able to receive about two hundred patients next summer.

—The large dining-hall in the Columbus Asylum was opened last spring, and operates satisfactorily. About eight hundred and fifty patients are accommodated, both sexes dining simultaneously.

—Dr. A. B. Richardson, Superintendent of the Columbus Asylum, has been appointed English-speaking Secretary of the Pan-American Congress; also Secretary of Section Four of the International Conference of Charities, Correction and Philanthropy, in connection with the World's Congress Auxiliary.

—At the Longview Asylum the buildings and extraordinary repairs commenced last year have been completed. Newspaper charges of cruelty to patients have been dismissed as without foundation by thorough investigation of two boards of officials.

OREGON.—State Senator Mitchell has introduced a bill into the Senate making hypnotism, electro-magnetism or mesmerism a crime, punishable by death. The bill was introduced at the request of a distinguished lawyer who is convinced that magnetic or hypnotic influences are responsible for many crimes.

PENNSYLVANIA.—The census of the State Hospital at Warren is 820. An apparently unlimited supply of the purest water, clear as crystal, and of a temperature below sixty, has been obtained by lowering the pumps twenty-six feet from the surface and driving under each pump (two) a twelve inch pipe, with openings in the lower piece, to the depth of sixty-five feet from the surface of the ground or thirty-nine feet below the pumps. A careful measurement of the amount thrown up by the pump gave 1,100 gallons every minute for the pump (one pump only tried).

—The corner stone of the new asylum for the chronic insane near Wernersville was laid with appropriate ceremonies, November 29th last. Addresses were made by Governor Pattison and Dr. Thomas G. Morton, Chairman of the Committee on Lunacy of the Board of Public Charities. Governor Pattison reviewed the reasons for the establishment of the new institution, referred to the progress in the care of the insane and the present provision made by the commonwealth, and outlined a liberal future policy. Dr. Morton gave an exhaustive history of the care of the insane, and discussed the principles of classification leading to separation of the acute and chronic cases. The site selected by the Commissioners was approved by the visitors, who inspected the premises at the conclusion of the public exercises.

The asylum buildings will cover thirteen acres, and are expected to ac-

commodate nearly one thousand patients. The buildings will be two stories high, with basement, and will be thoroughly fire-proof. They will be of brick, with stone trimmings, and in the centre will be the administration building, surmounted by a tower, and on either side will be the ward buildings. In the rear is to be a dining-room for nine hundred people. The chapel will be located on the second floor. Each ward building will have two stories and a basement and will contain four large dormitories, each of which will hold fifty patients. It is expected that the buildings will be completed during the present year.

—A building for epileptics is in process of construction at the Institution for Feeble-Minded at Elwyn.

—At a recent meeting of the Managers of St. Clement's Hospital of Philadelphia, the question of the establishment of a colony or farm for epileptics was discussed, and it was decided to change the name of the hospital to the "Epileptic Hospital of Philadelphia." It is also purposed to purchase a farm convenient to Philadelphia, on which numerous separate buildings can be erected for the different classes of epileptic patients, including farm buildings, workshops, schools, hospitals and infirmaries, and separate small cottages in which epileptics, according to their mental and physical condition, can be classified. The hospital in the city will serve as detention and observation wards for the patients needing preliminary study, and also for the treatment of cases which demand the special training in nervous diseases and surgery which are to be had in the great medical centres.

—A game of foot-ball was played by the patients of the Pennsylvania Hospital for the Insane, November 24 last, on the campus adjoining the male department of the hospital.

RHODE ISLAND.—The State Asylum, originally intended for chronic cases only, has of late taken all classes of patients so that practically it has now the characteristics of a State hospital, though its buildings are not suited to such a purpose. Recognizing this, the State Board of Charities and Corrections, under whose control it is, have sought relief and this year a new building is to be erected, in conformity with modern ideas, and in some sense adequate to the needs of the State. An additional medical assistant at the State Institutions enables the superintendent to give more attention to the insane than formerly.

—A complete revision of the lunacy laws of the State is needed. Prejudiced legislation during the past two or three years has thrown the laws into confusion and has done much to impair the excellent series of enactments of the preceding forty years. The general sentiment of the State regarding lunacy matters is humane and enlightened, and, it is hoped, will ultimately prevail in shaping legislation toward desirable ends.

TEXAS.—The west wing of the State Lunatic asylum at Austin was struck by lightning on the evening of August 4th and the building was set on fire. The sheeting between the slates on the roof and the plastering caught fire and burned very slowly, an hour elapsing before the fire was discovered. The alarm was sent to the city, and, as rapidly as possible, the fire depart-

ment reached the spot and prepared for work. Unfortunately the water main burst and the only resource was a bucket brigade, which was rapidly organized by the asylum fire department, and successfully combated the fire, which was soon extinguished. The north wing, occupied by seventy-five female patients, was rendered uninhabitable. The emergency thus created has been met by prompt action of the Board of Managers, by whom the work of repairing and rebuilding was authorized at once, and is now practically completed.

VIRGINIA.—The new hospital buildings, accommodating two hundred patients, at the Western Lunatic Asylum, Staunton, are in full operation and are occupied. The entire cost of the two buildings, including furniture, will be about \$29,000, or \$145 *per capita*. The buildings are solidly built, four stories, brick, the male building on dormitory plan, female building on the usual American plan of corridors, single and double rooms. Each building contains all modern appliances for heating, light and ventilation. The capacity of the Staunton asylum with new addition will be 850.

WASHINGTON.—At the Western Washington Hospital, a new wing for male patients has been built. It is of brick, three stories above the basement. Each floor or ward has twenty-eight bedrooms large enough for two beds each. Like other parts of the hospital, this wing is heated by steam, lighted by electricity, and well supplied with hose in each ward for fire protection.

A lodge has been built at the entrance gate and placed in charge of a patient, so that *inmates of the hospital are no longer annoyed by having the gate left open and cattle constantly getting in.*

—At the Eastern Hospital, much work has been done during the first biennial period just terminated. A stable, carriage-house, stock barn, store-house and ice-house have been constructed, and a reservoir with capacity of 500,000 gallons is in use. Interior furnishing and decoration and landscape work and truck gardening have been pushed as much as circumstances have permitted.

CANADA.—*Ontario*.—On the 6th of December last, Newcourt Cottage at Kingston Asylum farm was opened for patients. This is a substantial and well appointed building, accommodating thirty-two beds for male patients employed in farm work. It was built entirely by asylum labor and is a model building, both as regards construction and cost. The patients also erected a large silo in connection with ensilage operations.

The enviable reputation Kingston Asylum has achieved for the variety and efficiency of its industries is being jealously fostered. These include notably, brush factory, shoe making, book binding, *et cetera*, and are in more extensive operation during the winter months, when out-door work is impracticable. The percentage of patients actively employed in these various ways is large, and the beneficial effects in the direction of cure most encouraging.

—The venerable Dr. Workman, whose 87th birthday was chronicled in our last Summary, recently experienced a slight apoplectic seizure. His numerous friends and admirers will be pleased to learn that he is now reported to have recovered his wonted vigor, and is as well as can be expected in one of his advanced years.

—Various contracts in connection with the new Asylum at Brockville have been let and building operations are proceeding.

Quebec.—The Protestant Hospital for the Insane, Montreal, whose inception was noticed in a former issue of the JOURNAL, has been steadily progressing since patients were first admitted to it some two and a half years ago. Among the other institutions in Canada it is a mere infant, but proves to be a vigorous one. Financially, this hospital is to-day on a better basis than at any previous time. As the people of the Province, and especially of Montreal, are getting acquainted with its methods and with its widening usefulness they are opening their hearts toward it, and the day is not far off when it will doubtless be as liberally sustained as the other charitable institutions of the city, of which Montreal supports from private funds more than the usual number,—practically all of them.

There are now in residence in the Hospital 185 patients; 101 were admitted during 1892; 71 were discharged during the same period, of whom some 48 made good recoveries. As the Hospital has been in operation not yet three years, these figures show that the field of usefulness anticipated for it among the Protestant community of Quebec has surpassed the expectations of its most ardent advocates. It must not be supposed that patients of the Roman Catholic faith are rejected. Already there have been several as private patients, though of patients supported by the Province only Protestants are sent here by the Government. The name of the Hospital may perhaps savor of bigotry to those unfamiliar with Eastern Canada. To the native of Quebec the word Protestant is almost synonymous with English.

Already is it found necessary to add additional accommodation with all possible haste. The wards are overcrowded. Thus early in the Hospital's history can it raise the familiar lament of most longer known institutions, and this despite the fact that, owing to recent Provincial legislation, it is far from an easy matter to procure a patient's admission. None but those who are an actual menace to society will the Government accept. One thing which led to this early occupation of all the Hospital was that, just at the time it was completed, the conflagration at Longue Point Asylum occurred, and a large number of its inmates were transferred to this place.

The foundation of the left wing was begun last fall and it is expected to be finished for occupancy before many months. The erection of two cottages for private patients has also been projected. Among the improvements made at Verdun, as the Hospital is popularly called from the municipality in which it is located, most prominent, perhaps, is the Gymnasium Pavilion erected last summer by Mr. J. H. R. Molson, President of Molson's bank, Montreal. This structure consists of a commodious recreation room, surrounded on three sides by a broad verandah. Attached to this building is a bowling alley and also a curling rink, in which the "roaring game" may be fully enjoyed.

New and modern barns and outbuildings have just been built, replacing the old ones belonging to the farm on which the institution was placed. The old farm house has been left standing, however, at the entrance gate. This will be remodeled somewhat to serve as a lodge house and will be a picturesque introduction to the grounds, telling its silent tale of the passing architecture of *La Nouvelle France*. A plan of grounds has also been prepared and the material is now being laid down wherewith the roads and walks may be laid later in the year. When this has been done the attractiveness of Verdun for patients and strangers will not be excelled by many more mature hospitals, possessing as it does so grand a natural site, looking out upon the Lachine Rapids, where "broad and mighty the St. Lawrence rolls its volume to the sea."

—According to the *Toronto Mail*, January 30, 1893, an inmate of the Toronto asylum, three months ago, swallowed a spoon, knife, and fork. The man suffered no pain until Thursday last, when he was seized with inflammation of the bowels. On Friday he died. At the autopsy it was found that the spoon and knife were almost entirely eaten away, but the fork, also electroplate, was very little corroded. The knife and fork were still in the stomach, but had ulcerated the wall and broken through. The spoon had taken the natural course towards the small intestines. The knife was $9\frac{1}{2}$ inches long, the spoon 6 inches, and the fork $7\frac{1}{2}$ inches. The knife and fork went down handle first, and kept that position.

OBITUARY.

PETER BRYCE, M. D.

BY JUDGE HENDERSON M. SOMERVILLE,*
A Trustee of the Alabama Insane Hospital.

Dr. Peter Bryce, the first and only Superintendent of the Alabama Insane Hospital, died at his post of duty, at his residence in its walls, on August 14th, A. D. 1892, being fifty-eight years of age.

THIRTY-ONE YEARS SUPERINTENDENT.

His personal biography is as closely associated with this institution of public charity as that of George Washington with the history of the American Republic. Thirty-one years ago he organized this hospital with less than a score of patients; and, after presiding over and directing its affairs as a Medical Superintendent with rare administrative skill for nearly a third of a century, left it, when summoned by death from his faithful stewardship a few months ago, with over 1,100 patients, and with a renown for splendid management, which, without the exaggeration of eulogy, may be justly said to be second to that of no other similar eleemosynary institution in the world.

The history and character of such a man is well worth reflective study; and it is with pride, as Americans, that we venture to record those attributes of the deceased which may serve to stimulate us to better lives and nobler deeds.

HIS EARLY EDUCATION.

Peter Bryce, M.D., L.L.D., was born at Columbia, in the State of South Carolina, on March 5th, 1834, and received an academic education at the South Carolina Military Academy, where he graduated with a high grade of scholarship. He is described as possessing from his earliest youth a quick and sprightly mind, with genial manners that always won easy access to the hearts of his friends and college companions. Upon completing his academic studies, he lost no time in entering upon the prose-

* Late an Associate Justice of the Supreme Court of Alabama, and at present Chairman of the National Board of Customs Appraisers, and President of the Medico-Legal Society of New York.

cution of the medical profession, which he was destined to ornament as one of its most learned and renowned members. In 1859 he graduated as Doctor of Medicine in the Medical Department of the University of New York. After receiving his diploma in this college, he pursued his studies in Europe, and especially in the hospitals of Paris, which were then supposed to afford the finest fields for clinical study in the civilized world.

Upon returning to America he became associated with the State Insane Hospital of South Carolina, and afterwards became, for a short time, assistant physician in the State Hospital of New Jersey.

HIS CALL TO THE ALABAMA HOSPITAL IN 1860.

From this latter position he was called, in the year 1860, by the unanimous voice of the first Board of Trustees of the Alabama Insane Hospital, to the position of Medical Superintendent of this institution, the corner stone of which had been laid amid great ceremonies seven years before, but which had just been completed with a capacity fit to accommodate only about one-third of its present number of inmates. Dr. Bryce came before the Board with the earnest recommendation of the famous Miss Dorothea Dix, the Howardess of her day, whose sound judgment had quickly detected his remarkable aptitude for this work, and who, at that time, was doing so much to alleviate the condition of the insane in England, on the continent of Europe and in this country. This remarkable woman was entitled to the chief credit in the work of having induced the Alabama Legislature to appreciate the need of an insane hospital in the State, and to take appropriate steps for its construction. The trustees, in following her advice at this important crisis of the hospital's history, "built wiser than they knew;" for no man was probably ever selected for a great work who afterwards more completely fulfilled every expectation, and more satisfactorily discharged every duty of his high position. Although Dr. Bryce was then but twenty-six years of age, he illustrated the saying of Bacon that "a man young in years may be old in hours, if he have lost no time."

MARRIAGE TO MISS CLARKSON.

Just prior to accepting the superintendency of the hospital, Dr. Bryce was united in marriage to Miss Ellen Clarkson, of

Columbia, South Carolina, a lady of high social position and family connections, who now survives her honored husband to mourn his memory. The name of Mrs. Bryce is so closely associated with the thirty years' history of the Alabama Insane Hospital, in a lifetime of unselfish benefactions to the afflicted inmates, that any memorial would be imperfect if it should omit this modest tribute to her worth.

POSITIONS OF HONOR AND TRUST.

Dr. Bryce, the distinguished subject of this notice, held many positions of honor and trust, which attested the high esteem in which he was held as a man, a scholar, a physician and a scientist. He was, at the time of his death, president of the American Medico-Psychological Association, which was a recognition of his national fame; and first vice-president of the Medico-Legal Society of New York, a society whose membership embraces some of the foremost scholars and alienists of America, England, and Europe. He was many years ago president of the Alabama Historical Society, a worthy tribute to his literary culture; and also president of the Medical Association of Alabama, a position evincing the esteem in which he was held among the members of the medical fraternity. At the time of his death he was president of the Commission of Lunacy established by the Alabama General Assembly about five years ago, in reference to the custody and trial of the criminal insane; and was also a member of the Alabama State Board of Health, and Board of Censors. About ten years ago the University of Alabama conferred on him the degree of L. L. D.

LITERARY AND SCIENTIFIC ATTAINMENTS.

Dr. Bryce was not only a man of letters, but of versatile information and acquirements. He read every book which he believed would afford him any rays of light to dispel the darkness of human ignorance, and always discussed what he read in a manner to entertain and instruct. Especially was he well versed in philosophical and scientific subjects, and his conversation had a constant tendency to take color from views he had acquired from that interesting realm of thought.

As a writer he was graceful, lucid and pleasing in style, rather than vigorous; and in his oral discussions he was ready of speech, persuasive in manner, and always entertaining to his auditors.

He contributed occasional articles to the medical and scientific magazines of current literature, and to the medico-legal journals of the country, some of which attracted widespread attention and discussion in both continents. His annual reports as superintendent of his own hospital, extending back through more than a quarter of a century, are models of literary style, as well as conspicuous examples of professional learning, and especially of expert knowledge in psychological medicine.

VIEWS OF INSANITY.

It is worthy of particular mention that in these reports he lent the weight of his great name against the judicial heresy which is commonly known as the "right and wrong test" of insanity, as applied to the so-called criminal insane. He entirely adopted the modern view, that the true test of criminal responsibility, in persons afflicted with the disease of insanity, is found not alone in the power to distinguish right from wrong in the abstract, or, as applied to the particular act, but in the victim's power to adhere to the right, and abstain from the wrong; or in other words, in the power of self-control through the exercise of volition. He was summoned as an expert to testify in the celebrated trial of Guiteau for the murder of President Garfield, but was prevented by circumstances from responding to the summons.

NON-RESTRAINT OF THE INSANE.

The subject, however, upon which he most delighted to dwell, in his official reports, as well as in conversation, and in his frequent conferences with visitors who came from afar to inquire of his management, was that of the mechanical restraint of the insane. About the year 1879 or 1880, he introduced in the Alabama Hospital the system of absolute non-restraint, by which he abolished all mechanical restraint of the patients by the use of straight jackets, camisoles, bed straps, crib beds, and other like appliances known as restraining apparatus. After ten years' experiment with this new and more humane system, he wrote in his biennial report for the years 1889 and 1890, as follows, to this Board:

"During this long period," he observed, "with a household averaging nearly a thousand patients, there has been no resort whatever to any species of mechanical restraint, for either surgical or other purposes. Not a vestige of restraining apparatus of any

kind is to be found about the premises, nor has there occurred a single case in the wards of the hospital, during this long period, which seemed to justify or require its use. Instances have occasionally occurred which to others might have appeared to call for such applications; but in no single case have they failed in our hands to yield to milder measures."

INTERESTING PAPER AND SYMPOSIUM.

Within the past twelve months an interesting paper on this subject from Dr. Bryce's pen was read before the Medico-Legal Society of New York, and became the chief basis of a symposium on the system of mechanical non-restraint, in which the leading alienists and superintendents of insane hospitals in England and America participated, either by written communication or in person. This learned discussion, lasting for many months, will be found published in various numbers of the New York Medico-Legal Journal, extending from December, 1891, to June, 1892. Among those who participated in this discussion were Drs. Henry Maudsley and William Orange of England, and Drs. Carlos F. MacDonald and James McBride of this country, all distinguished as alienists of experience in the treatment and management of the insane.

LAST PUBLIC ADDRESS.

The last public discourse of Dr. Bryce's life was delivered in April of the present year, before the Alabama Medical Association, at Montgomery—a scientific body that had been often instructed by his learning on former occasions. He was then in rapidly failing health, the fatal disease that finally conquered him making swift and visible inroads in his physical frame, thus warning him and his friends that this was probably the last occasion on which he would ever stand before them. It was announced that he had not been able, by reason of bad health, to prepare the paper assigned him on the subject of "General Paresis," known to belong to his specialty in medicine, and to constitute one of the most entertaining developments among the diseases attendant on the march of modern civilization. So anxious were those present to hear him that he was prevailed on to speak *extempore*, which he did while seated in his chair. He discoursed in a conversational style with an exuberance of learning that impressed all who heard him, so that while they listened they seemed to fear nothing so

much as that he would cease to speak. On this occasion Dr. Bryce was subjected to numerous categorical questions by his medical brethren, and is described as drawing a pen photograph of his subject so luminous with learning as to delight his auditory by an inspiration of knowledge. It is an interesting fact that he himself, in mentioning this discourse to a friend a short time before his death, described it as the most satisfactory effort of his life.

ATTRIBUTES OF PERSONAL CHARACTER.

Few men, in public or private life, possessed the faculty of winning the confidence and affection of his friends as did Dr. Bryce. He was blessed with those charming manners which Lord Chesterfield declared should always "adorn knowledge and smooth its way through the world." He had in a marked degree that true politeness which never exists unaccompanied by a kind heart, and which always evinces itself in an instinctive regard for the rights and feelings of others. Pure in character and conversation, genial in manner, and lovable in disposition, he was a man upon whose brow Nature herself had legibly written "Gentleman." His charity for the faults of others was as broad as the universe of heaven, and this noble quality so entered into his nature as to make him ever kind, not alone to his equals, but to all around him, including the hospital patients under his supervision, and his employés. Dr. Bryce especially won the affection of his patients, and they always welcomed with a smile his coming to the wards, and they seemed to feel better and happier that he had come.

A PEN-PICTURE FROM HIS OWN HANDS.

The world is fortunate in having from his own pen a description of those qualities of head and heart which must needs be mingled in a man so as to make him fit to adorn the high office of Hospital Superintendent, having the care and treatment of those unfortunate victims of disease whose lives are clouded by the shadows of confinement in an insane asylum. In the preface to the Rules and Regulations of the Alabama Insane Hospital, so excellently prepared by himself, he unwittingly mirrors the portrait of his own characteristics, which his splendid administration of over thirty years nobly illustrated.

After observing with catholic Christian charity that within the walls of an insane hospital "the hungry are to be fed, the naked

to be clothed, strangers to be received and welcomed, and that those who are sick and in prison are to be visited," and that the "work has need of all the kindness and gentleness and unselfishness of which we are capable," he adds:

"The health, comfort and humane custody of this unfortunate class of sufferers must therefore receive the first and highest consideration, alike of the trustees, officers, and employés of the institution. * * There can be no higher or nobler work than the care of these afflicted creatures, and no work which requires a more special fitness for its successful prosecution. In exactly what this fitness or peculiar adaptation consists, it would be difficult to define; but super-added to a large measure of general intelligence, professional skill, tact, industry, and general integrity, there are other traits of character which are absolutely indispensable to success. No one who is high-tempered, irritable, resentful, or fault-finding—no one who has not perfect control of his temper, and who is not endowed by nature with a kind, sympathetic heart and loving disposition, can ever hope to attain the highest usefulness in the treatment and care of the insane. Under the most favorable circumstances, the work will require the most constant self-denial and control; and no one should enter upon it who does not in a large degree possess these requisite qualifications." To this picture he subscribes, with appropriate embellishment, the golden rule of inspiration as the highest duty of the Superintendent to his patients. "The simplest of all rules," he concludes, "is also the best:—'Do as you wish to be done by.' Do to your associates, above and below you in authority, as you would wish them to do to you if your places were changed. Above all, do to every patient as you would yourself like to be done by if you were away from home and deprived of your freedom by loss of your reason."

"THOUGH DEAD, HE YET SPEAKETH."

It is a difficult task to speak of my honored friend without the appearance of excessive eulogy. But who, we may venture to ask, in all the past history of our public men, has more faithfully than himself filled every measure of duty attached to his office, as thus described by his own pen? Who has more satisfactorily fulfilled the highest expectations of an exacting public with its proverbial proneness to censorious criticism of men in high places?

FEARLESS CONFRONTING OF DEATH.

Dr. Bryce met the summons of death, when it called him from the sphere of earthly duty, without fear. For more than two months before his departure he knew that he must soon go. His mind was unclouded and his reason clear up to within a few hours before his spirit left its corporal tenement.

On July 15th, about one month before his demise, he dictated a letter by the hands of his devoted wife, a life-long friend, in which he spoke of his rapidly declining strength and of his approaching end. He then knew that Death, that "lays his icy hands on Kings," was near, and yet he had no fear to meet him, and to take an allotted chamber in his silent halls, as each of us must shortly do. He then wrote as follows upon that oldest of all subjects, which is yet ever fresh with novelty:

"If, as I apprehend," he said, "I am approaching the close of life rapidly, I have every reason to be thankful that its course is so smooth and pleasant. Death has never had any terrors for me, especially of late years. I feel that I have done my work, and hope, without self-praise, to be permitted to say I have done it well."

And so, we may add, will be the verdict of generations yet to come. Not only did Dr. Peter Bryce do his work well, but he did it in a manner to write his name high on the scroll of those who loved their fellow-men.

WORLD-WIDE FAME OF HIS MANAGEMENT.

It is a matter of pride to the Trustees of the Alabama Hospital, as it was a fact always gratifying to Dr. Bryce, that the fame of his excellent management, scientific and administrative alike, has spread abroad, not only through the various States of the Union, but in England and the countries of the European continent, where are found some of the finest and best regulated hospitals in the vast universe of charitable edifices for the care of the insane. It was but a few years ago that this institution was visited by an Australian physician, who, under the authority of the English government, crossed the seas to examine the insane asylums of North America of the highest repute for good management. When he had finished his examination of the Alabama Insane Hospital, he declared with enthusiasm that he had found no similar institu-

tion in the world, which, in his judgment, was under more economical and excellent management.

HIS GREATEST MONUMENT.

Verily we have in the great institution over which he presided a monument to the memory of the deceased more lasting than brass, and more honorable to his fame than a mausoleum of marble inscribed with all the victories the Cæsars ever won. Well may we repeat, in the language of classic literature, "*Si quaeris monumentum circumspice!*"

The monument is here, but Dr. Bryce is no more. His remains, by his own consent, lie buried upon the asylum grounds amid the shade of trees planted by his own hands. He has gone from among men with his ennobling presence, and shall no more greet his associates in these halls with his cheerful smile and cheering words, where they have so often in the past been enlightened by his counsel, and guided by his wisdom in their deliberations. The people of Alabama, who knew and loved him so well, sorrow as one man at his untimely departure, and the tears of the rich and the poor are daily shed at his tomb. He has done a great work for his State, far nobler than that of the Emperor who found Rome built of brick, and died, leaving it constructed of marble. His fame will gather freshness from the stream of time, and when the mammoth buildings which now shelter a thousand of his patients are gone the way of the Pantheon and the Parthenon, his renown will grow perennially like a green ivy vine upon the ruins of some fallen temple.

In this memorial, prompted alike by affection and respect, I would venture to record the name of Dr. Peter Bryce, not only as the model asylum superintendent and the scientific physician, but as one of the noblest citizens of the State, and the benefactor of human kind, whose memory will always be cherished with lasting gratitude and imperishable honor.

A. H. KNAPP, M. D.

It is both a sad duty and a painful privilege, to write an obituary of my friend and former confrère, A. H. Knapp, M. D., late superintendent of the State Insane Asylum at Osawatomie, Kansas. From the time I first met him, on coming to the State almost fourteen years ago, our official relations were intimate and pleasant and our personal associations agreeable and cordial. I soon learned to appreciate his worth, his nobleness of character, his fidelity to his trust, and his deep interest in the welfare of the insane.

Abram H. Knapp was born in Blenheim, N. Y., August 16, 1829, and graduated in medicine at Rush Medical College in 1852, then in his twenty-second year. Soon after graduation he began the practice of medicine in Coxsackie, N. Y., removing in a few years to Poughkeepsie, N. Y. In 1862 he was appointed medical examiner of enlisted men, by the then war governor of New York, Reuben E. Fenton, and performed the duties of the position with credit and success.

In 1870 he came to Ottawa, Kansas, intending to continue the practice of his profession. In 1873 he was appointed superintendent of the Osawatomie Insane Asylum, when the institution had a capacity for 112 patients. It was in this field of practice that his peculiar traits of character were brought out and fully developed. He was a stern, strict disciplinarian, performing his duties faithfully and conscientiously and exacting the same measure of faithfulness from those who were employed under him. He was slow to form an opinion, but when once formed he was tenacious of it and had no patience with shams and frauds.

To the unfortunate insane who were committed to his care, he was most considerate and humane, dealing tenderly with their infirmities and giving his whole energy to each particular case as it came under consideration. To the relatives of his patients he was always the friend and helper, deeply sympathizing with their sorrows and trying to lighten their burdens.

Dr. Knapp was superintendent of the asylum for nineteen years, his resignation taking effect June 30, 1892, at the close of the fiscal year. During the time of his superintendency the capacity of the asylum increased from 112 to 750 patients. The last addition, a detached building for 250 patients, almost ready for occupancy when his resignation took effect, was named "Knapp Building" by the Trustees, in his honor. Dr. Knapp always

thoroughly appreciated the duty which the State owed to the defective classes and warmly advocated proper provision for all the insane.

His retirement from the asylum was in pursuance of plans for returning to his former home, (in Ottawa,) and to the enjoyment of that quiet domesticity he so highly prized. But his home life was destined to be of short duration. Retiring from exacting cares, his health improved and he felt unusual strength and vigor, saying to a friend on Saturday, December 24, that he never felt better in his life. But on that day he took a severe cold and pneumonia supervened, which proved fatal December 30. His interment took place January 1, 1893, exactly six months from the day he left the asylum.

Dr. Knapp's domestic relations were more than ordinarily happy. His widow and children mourn a devoted husband and a fond father; the State has lost an honest and useful citizen as well as an able counsellor, and the insane are deprived of a warm friend and an earnest advocate.

B. D. EASTMAN.

OFFICIAL NOTICES.

THE BRUNSWICK HOME, AMITYVILLE, LONG ISLAND.

STATE OF NEW YORK—STATE COMMISSION IN LUNACY.

CARLOS F. MACDONALD, President,	} <i>Commissioners.</i>
GOODWIN BROWN,	
HENRY A. REEVES,	

*In the matter
of
The Brunswick Home.* }

CORRESPONDENCE OF THE COMMISSION, OPINION AND DECISION OF THE
ATTORNEY-GENERAL.

ALBANY, October 28, 1892.

Hon. Simon W. Rosendale, Attorney-General:

Dear Sir:—I am directed by the State Commission in Lunacy to say:

There exists in the village of Amityville, Suffolk County, Long Island, N. Y., a corporation organized under the laws of the State of New York, known as the "Brunswick Home." It appears from official documents on file in this office that this institution is designed for the care of feeble-minded, idiotic and epileptic persons; and now has in custody a large number of such persons. The premises and buildings of the institution now owned by this Corporation, were, it is alleged, formerly the property of one Stephen R. Williams, who, though not a physician, is now the resident superintendent and also one of the directors thereof. Some years since the said Williams received from a former State Commissioner in Lunacy, to whose powers and duties the State Commission in Lunacy is successor, three several licenses for the care of different classes of persons who come under the legal definition of insane persons or persons of unsound mind. It is the opinion of the Commission that when the said Williams disposed of his property to the Brunswick Home Corporation, the licenses which he had theretofore received were forfeited. In any event, the Corporation known as the Brunswick Home never was licensed to receive or hold in custody or care for any class of persons of unsound mind.

Within the past two years the State Commission in Lunacy revoked the license which the said Williams had received to care for certified insane persons, and directed that all such insane be removed from the institution; and they were officially reported as removed. During the past few months, the Commission also revoked, for cause, the remaining licenses of said Williams. For reasons above referred to, the act of revocation of these licenses by the Commission was regarded as unnecessary; still, as a matter of precaution, the form of revoking them was observed in order that no possible question might arise as to the Brunswick Home's obtaining any rights thereunder.

So that today it would appear the Brunswick Home has in its custody a large number of persons of unsound mind without the authority, license, or sanction of any properly constituted Board or authority of the State.

The Commission would most respectfully call your attention to Sections 375 and 445 of the Penal Code, and Section 12 of Chapter 273 of Laws of 1890. In the judgment of the Commission, these statutory provisions of law are being daily violated by the Corporation known as the "Brunswick Home," and it would respectfully ask if a civil action should be begun against the said Corporation, and, if possible, an injunction obtained restraining it from conducting or operating an institution for the care of persons of unsound mind without a license therefor, as provided by said Section 12 of Chapter 273 of the Laws of 1890.

If the Commission's opinion of the law is correct, this Corporation might be punished as for a misdemeanor; still it does not regard this as a proper remedy, as possibly that body might not fear a criminal prosecution.

There are cogent reasons why this Corporation should be compelled to obey the laws of the State. The class of inmates that it purports to care for are the most helpless and dependent of the State's population and most in need of humane supervision and care. Moreover, it must be borne in mind that this Corporation is an institution conducted solely for pecuniary profit, and therefore it should not be without proper State supervision and competent management, as the inmates may not otherwise receive the care they are entitled to. Moreover the Commission has reason to believe that there are a number of persons in the State conducting so-called homes, sanitariums, retreats, &c., outside the provisions of the law, and it feels that a civil action against one of the most conspicuous of these offenders could hardly fail to be beneficial; the Commission, therefore, earnestly trusts that the strong arm of the law may be invoked in behalf of a most helpless and unfortunate class of citizens.

I am, very respectfully yours,

T. E. McGARR, *Secretary*.

ATTORNEY-GENERAL'S OFFICE,

ALBANY, N. Y., November 3, 1892.

T. E. McGarr, Esq., Secretary State Commission in Lunacy:

Dear Sir:—I have the honor of acknowledging the receipt of your communication of the 28th ult., calling my attention to a corporation, organized under the laws of the State of New York, known as the Brunswick Home.

It appears from your communication, that the Brunswick Home is designed for the care of feeble-minded, idiotic and epileptic persons, and now has in custody a large number of such persons. It also appears that the managers of this institution acquired the ownership of this property now occupied by them from one Stephen R. Williams who, though not a physician, is now the resident superintendent. That Williams has three several licenses for the care of insane persons or persons of unsound mind, received from a former State Commissioner in Lunacy. That the Brun-

wick Home never was licensed to receive or hold in custody or care for any class of persons of unsound mind, and is so holding them under licenses granted to Williams.

That within the past two years, the State Commission in Lunacy revoked Williams' licenses, and it is claimed that the Brunswick Home corporation has now in its custody a large number of persons of unsound mind without authority, and in this regard is violating the law, and it is asked "if a civil action can be maintained against the said corporation and, if possible, an injunction obtained restraining it from conducting or operating an institution for the care of persons of unsound mind, without a license therefor, as provided by Section 12 of Chapter 273 of the Laws of 1890."

In reply permit me to say: There is ample provision made both in the Penal Code and in Chapter 273, Laws of 1890, for preventing the abuses specified in your letter.

Under Section 377, Penal Code, it is a misdemeanor for any person to confine an idiot, lunatic or insane person in any other manner or in any other place than as authorized by law, or to harshly, cruelly or unkindly treat or neglect such person, and by Section 445, it is made a misdemeanor for any person to conduct or maintain a private insane asylum or institution for the care or treatment of persons of unsound mind, without a license legally granted to do so. So that assuming that this corporation has not been duly licensed to hold and care for persons of unsound mind, all persons thus engaged in carrying it on are guilty of a misdemeanor and may be prosecuted accordingly.

I call your attention particularly to Sections 10 to 14, inclusive, of Chapter 273, Laws of 1890, wherein the Legislature of this State has given the Commission in Lunacy almost unlimited jurisdiction in caring for and protecting the insane or persons of unsound mind, conferring upon the Commissioners full power at all times to look into and examine the condition of the asylums, public and private, as to methods of government, the management of the inmates, the condition of the buildings, grounds, and appurtenances, having free access to the same with full power to grant or revoke licenses; and by Section 13, in all cases where the Commission has reason to believe that any person detained is wrongfully deprived of his liberty or is cruelly, negligently or improperly treated in any asylum or institution for the custody of the insane, or inadequate provision is made for skilful, medical care, proper supervision and safe keeping of the insane, it shall order an investigation of the facts in the case by one of its members before whom witnesses may, by compulsory process, be required to attend, who may be examined under oath and exercise the same powers as belong to referees appointed by the Supreme Court, and where the facts proven, to the satisfaction of the Commission, or a majority thereof, warrant it, such Commission is empowered to issue an order in the name of the people of the State of New York, and under its official seal, directed to the superintendent or managers of such institution, require them to modify such treatment or apply such remedy, or both, as shall therein be specified.

But before such order is issued, it must be approved by a justice of the Supreme Court. Hence, the Commission has the power to apply any rem-

edy that will correct any abuse or a violation of the law that may be found to exist, and any person to whom such an order is granted, who shall unlawfully refuse to obey the same, shall, upon conviction, be adjudged guilty of a criminal contempt. The Commission has the right to immediately present all cases of abuse of the insane to the Supreme Court, and, if necessary, call into requisition the assistance of the Attorney-General of the State for their protection, whether such abuse exists in public or private institutions; and in case of a continuance of the abuse and in violation of the order of the court, subject the offender or offenders to punishment for a criminal contempt.

I am of the opinion, upon the facts submitted in your letter, that the Attorney-General may maintain an action against the Brunswick Home Corporation under subdivision 3, Section 1948 of the Code of Civil Procedure, and under Section 1955 an injunction could be maintained perpetually restraining said corporation from exercising the corporate rights and franchises now claimed by them, and during the pendency of the action obtain a temporary injunction to restrain the commission or continuance of such unauthorized acts.

It will readily be seen, from the foregoing references, that both under the civil and criminal law of the State, ample provision is made for the correction of any abuses known to exist in connection with the care and custody of the insane and persons of unsound mind, whether in public or private institutions. The district attorney of Suffolk County will, doubtless, upon your request, do his duty in the premises by prosecuting the parties under the Penal Code.

If you desire proceedings to be instituted by this Department, upon formal application, with statement of the facts, the matter will receive prompt attention.

Very truly yours,

S. W. ROSENDALE, *Attorney General*.

ALBANY, November 7, 1892.

Hon. Simon W. Rosendale, Attorney-General, Albany, N. Y.

Dear Sir:—I am directed by the State Commission in Lunacy to acknowledge the receipt of your opinion of November 3d, and to most respectfully request, in pursuance of such opinion, that you begin, at your earliest convenience, a civil action against the Brunswick Home Corporation, under subdivision 3, Section 1948, Code of Civil Procedure, and that you obtain, pending the determination of the action, a temporary injunction restraining the said Corporation from conducting its business.

For statement of facts I refer you to my letter of October 28, 1892.

I am, yours with the highest respect,

T. E. MCGARR, *Secretary*.

ATTORNEY-GENERAL'S OFFICE,

ALBANY, N. Y., December 23, 1892.

T. E. McGarr, Esq., Secretary State Commission in Lunacy.

Dear Sir:—Application having been made to this Department, by the State Commission in Lunacy, in the above matter to institute proceedings

in behalf of the People against the Brunswick Home, a domestic corporation, to restrain it from carrying on the business of caring for idiotic, feeble and epileptic persons, upon the ground that the said corporation had no license or legal right to engage in said business, a hearing was granted to all persons interested in the premises, and the following are some of the facts presented on said hearing:

The Brunswick Home was incorporated under Chapter 611 of the Laws of 1875, known as the business corporation act, March 2d, 1887, having its principal place of business at the village of Amityville, Suffolk County, Long Island, N. Y., and having a board of trustees, and a capital stock of \$50,000 divided into shares of \$100 each. The object and nature of the business to be carried on is stated in the certificate of incorporation to be "for the purpose of treating and taking care of idiotic, epileptic, paralytic and feeble-minded children and other persons afflicted with ailments or disorders of the body or mind, for compensation." It was conceded on the hearing that there are under the care and charge of this company, in the Brunswick Home, a large number of idiots, epileptics, paralytics and feeble-minded persons; that this corporation has no other license or right to carry on the business specified than that given in the charter.

The representatives of the Brunswick Home claim that the business can be legally carried on without a license; the Commission in Lunacy claim it cannot. This is the main question.

By the company it is claimed that, if the Commission has the legal right to exact a license, it substantially has a right to control the institution. By the Commission it is claimed that they do not desire to appoint the superintendent, but claim the right to pass upon the qualifications of such as is appointed.

It does not appear that any of the inmates have been adjudged insane by any person in authority. There are about one hundred inmates sent to this institution by their friends, who are able to pay for their care and support, and about forty who are paupers sent from different poor-houses in the State, and all are subject to restraint, control and rules and regulations of the corporation.

The question as to whether a person is one of the class mentioned above, and therefore a fit inmate of the institution or not (excepting it may be as to the paupers), is determined solely by his friends and by the persons in charge of the institution. Down to about one year ago, parties properly termed insane were kept in the institution at the request of their friends, but since that time, under the direction of the Commission in Lunacy, they have been removed from said institution.

It is not denied that this institution is conducted as a business enterprise for gain; that Mr. Williams, the Superintendent, is the largest stockholder, and that the stock pays from twenty to twenty-five per cent. On the part of the Commission it is said that it does not take particular exception to the fact that the corporation is organized and managed to earn dividends, but it insists that it has the right to know whether or not these inmates are kept clean and have suitable appliances and furniture and necessary food and are properly cared for.

Upon the hearing various matters were referred to and discussed, but I do not deem it necessary to refer to them further. The whole controversy is narrowed down to the question: Can this corporation carry on the business stated in its charter, viz.: "The treating and taking care of idiots, epileptics, paralytics, and feeble-minded children and others persons afflicted with ailments or disorders of the body or mind for compensation," without a license therefor to be issued by the State Commission in Lunacy, which is the only license provided for by the laws of this State on the subject under consideration?

Section 1 of Chapter 61, Laws of 1875, under which the Brunswick Home was incorporated, provides: "Corporations may be organized under the provisions of this act for the carrying on of any lawful business, except banking, etc."

At the time of the organization of this company, Section 377 of the Penal Code provided, and now provides: "Unlawful confinement of idiots, insane persons, etc. A person who confines an idiot, lunatic or insane person, in any manner or in any place than as authorized by law, and a person guilty of harsh, cruel or unkind treatment of, or any neglect of duty towards any idiot, lunatic or insane person, whether lawfully or unlawfully confined, is guilty of a misdemeanor."

Section 445 provides: "Maintaining private insane asylums. A person who conducts or maintains a private insane asylum or institution for the treatment of persons of unsound mind, without license issued and granted to such person according to law, is guilty of a misdemeanor."

In my opinion, to carry on the business stated in this company's charter without a proper license would be a direct violation of these two sections of the Penal Code, and, therefore, unlawful.

But the main issue discussed upon the hearing was whether or not the State Commission in Lunacy has jurisdiction or control over those institutions, public or private, wherein *idiots and epileptics* are placed and cared for.

Chapter 273 of the Laws of 1890 must be referred to for the purpose of ascertaining what powers are now possessed by the State Commission in Lunacy, which is "An Act to amend, revise and consolidate certain acts and parts of acts relating to the State Commission in Lunacy, and the care and custody of the insane and management of asylums for their treatment and safe keeping, as provided in Chapter 446, Laws of 1874, Chapter 283, Laws of 1889, and to repeal Sections 9, 10, and 11 of Chapter 542, Laws of 1865, and Chapter 713, Laws of 1871."

Section 12 of said act provides: "No person or association shall establish or keep an institution for the care, custody or treatment of the *insane or persons of unsound mind* for compensation or hire, without first obtaining a license therefor from the State Commission in Lunacy, provided that this section shall not apply to any State asylum or institution or any asylum or institution established or conducted by a county; and provided also that it shall not apply to cases where an insane person or person of unsound mind is detained or treated at his own house, or that of some relative."

It is made the duty of said Commission to examine and determine how far any institution licensed by them is conducted in compliance with said

license; and under section 17 the Commission may require a report of such facts and information as it may deem proper, relating to the insane, idiotic and epileptic in their custody, and whoever shall neglect to report as required is guilty of a misdemeanor.

Clearly, by the above provisions, the Legislature intended to give, and, in my opinion, has given, to the State Commission in Lunacy jurisdiction for the purposes specified in said act over all persons included in the terms "lunatics, persons of unsound mind, idiots and epileptics." The forms of mental disease are varied, and no classification is universally adopted.

The word insanity includes within its meaning "unsoundness of mind in the developed brain or mental defect from arrested development or idiocy." (Century Dictionary.)

It is evident that the language of the act relating, as it does, to "insane persons and persons of unsound mind" is broad enough and was intended to include all persons where the developed brain is diseased, or the defect arises from arrested development or idiocy, including, as matter of course, the class of persons received by the Brunswick Home.

On the argument an opinion rendered by my predecessor was referred to, in which it is claimed views were expressed which, applied here, would exempt the Brunswick Home from the requirements as to license.

Opinion of Attorney-General Tabor as to Syracuse Asylum, report of Attorney-General, 1890, page 305.

The question then presented was in reference to a State institution incorporated and established by act of the Legislature, the New York State Asylum for Idiots (Chapter 502, Laws of 1851, Chapter 159, Laws of 1853, Chapter 163, Laws of 1855, Chapter 220, Laws of 1862) and placed under the control and management of a board of trustees consisting of certain State officers named, and trustees named by the Governor with power to establish such by-laws as they deem proper to regulate the appointment and duties of officers, and to ordain and enforce a suitable system of rules and regulations for the internal government, discipline and management of the asylum. In that case, it was very evident that the legislation referred to a special class of persons of unsound mind (viz. :—those called idiots), and the word was used to distinguish them from others included in the general class of persons of unsound mind. The opinion of the Attorney-General referred to is not applicable here.

While the treatment of various kinds of insanity is very varied, yet every species of mental disorder was evidently intended to be embraced in the term "unsoundness of mind" used by the Legislature in the act under consideration. While the Legislature may, in certain provisions of the statute, use the words insanity, lunacy and idiocy in a restricted sense, when referring to a particular class of persons of unsound mind, yet, when legislating generally, in the interest of all those who, because of diseased minds or want of mental capacity, are properly the subjects of the State's protection and charity, the presumption is that the meaning intended to be given the language was such as would embrace all classes or divisions of such persons; and that, in using the term "unsound mind," they use it in its broadest sense. When they desired to provide a State asylum for idiots at

Syracuse they used the term "idiots" and nowhere connected with the term the words "unsound mind;" and when providing for the care of lunatics at Utica and asylums of that character, they used the term "lunatic" and did not use the term "unsound mind." So when, in section 12 of the Law of 1890, they say "no person or association shall establish or keep an institution for the care, custody and treatment of the insane or persons of unsound mind for compensation or hire, without first obtaining a license therefor from the State Commission in Lunacy," they intended to give the word "insane" a broader and more comprehensive meaning than would be given to it if it were confined to those disorders that impair or overcome the fully developed mind.

In the more modern cases persons *non compos mentis* are held to include not only cases of idiocy and lunacy, as strictly defined at common law, but all cases of imbecility where the subject is incapable of conducting the ordinary affairs of life and liable to become the victim of his own weakness.

Am. and Eng. Ency. of Law 106, 107.

The language used and the intention apparent from the entire scope of the act in question renders the intention of the Legislature clear; and I reiterate the views expressed in my letter to the State Lunacy Commission of November 3d, 1892.

It is expected that the Brunswick Home will at once comply with the requirements of the statute as to license or be subject to the provisions of the law as suggested.

S. W. ROSENDALE, *Attorney-General*.

BY THE COMMISSION:

T. E. MCGARR, *Secretary*.

CIVIL SERVICE EXAMINATIONS.

An open competitive examination of candidates for the positions of First Assistant, Junior Assistant and Female Physicians, and Apothecaries in the State Hospital Service, will be held at the rooms of the New York Civil Service Commission, in the Capitol, Albany, on Tuesday, February 28th, at ten o'clock A. M.

Applicants for the position of First Assistant must be graduates of a legally incorporated medical college. They must be not less than 25 years of age, and must have had three years' experience as a physician in a hospital for the insane.

Applicants for the positions of Female and Junior Assistant Physicians must be graduates of a legally incorporated medical college, and must have had one year's experience in a hospital, or three years' experience in the general practice of medicine.

Applicants for the position of Apothecary must have a license from the State Board of Pharmacy.

All applicants must be citizens, and residents of the State of New York during the year last past.

For application blanks and other information address Clarence B. Angle, Secretary New York Civil Service Commission, Albany, N. Y.

JOHN B. RILEY, *Chief Examiner*.

ALBANY, N. Y., Jan. 19th, 1893.

APPOINTMENTS, RESIGNATIONS, ETC.

- ADAMS, GEORGE S., formerly First Assistant Physician, promoted to Superintendency of the Westborough Insane Hospital, Westborough, Mass.
- ASHLEY, MAURICE C., appointed Fourth Assistant Physician at the Middletown State Homœopathic Hospital; Middletown, N. Y.
- BARNETTE, J. A., resigned as Fourth Assistant Physician at the St. Lawrence State Hospital, Ogdensburg, N. Y.
- BARTLETT, C. K., resigned Superintendency of the First Minnesota Hospital for the Insane, St. Peter, Minn.
- BARTLEY, M. A., resigned as Assistant Physician at the Columbus Insane Asylum, Columbus, O.
- BASS, T. B., appointed Second Assistant Physician at the North Texas Hospital for the Insane, Terrell, Tex.
- BOTHFIELD, JAMES F., formerly Pathologist, appointed Assistant Physician at the Westborough Insane Hospital, Westborough, Mass.
- BRADY, E. T., resigned as Second Assistant Physician at the Southwestern Lunatic Asylum, Marion, Va.
- BUCHAN, H. E., Assistant Superintendent, transferred from the Toronto Asylum, to the Kingston Asylum, Ontario, Canada.
- BUCHANAN, J. D., appointed Clinical Assistant at the Southwestern Lunatic Asylum, Marion, Va.
- CARUTHERS, FRED, formerly Clinical Assistant at the Maryland Hospital for the Insane, Catonsville, Md., appointed Resident Physician at the Bayview Asylum, Baltimore, Md.
- CHURCH, B. F., promoted to be First Assistant Physician at the North Texas Hospital for the Insane, Terrell, Tex.
- CLARK, ——— appointed Superintendent of the Stockton Insane Asylum, Stockton, Cal.
- COOKE, E. P., re-appointed Assistant Physician at the Athens Asylum for the Insane, Athens, O.
- DAVIS, S. S., resigned as Third Assistant Physician at State Lunatic Asylum, No. 1, Fulton, Mo.
- DEWEY, CHARLES G., formerly First Assistant Physician at the Boston Lunatic Hospital, appointed Assistant Physician at the McLean Hospital, Somerville, Mass.
- DODSON, LOUIS W., appointed Assistant Physician at the Binghamton State Hospital, Binghamton, N. Y.

- DONLEY, O. E., resigned as Assistant Physician at the Eastern Indiana Hospital for Insane, Richmond, Ind.
- ELLIOT, A. R., resigned as Assistant Physician at the State Hospital for the Insane, Danville, Pa.
- Goss, A. V., formerly Second Assistant Physician at the Butler Hospital, Providence, R. I., appointed Assistant Physician at the Taunton Lunatic Hospital, Taunton, Mass.
- GUNDRY, LEWIS H., appointed Assistant Physician at the Eastern Indiana Hospital for Insane, Richmond, Ind.
- HALL, L. T., appointed First Assistant Physician at State Lunatic Asylum No. 1, Fulton, Mo.
- HAMLET, FRANK S., appointed Assistant Physician at the Taunton Lunatic Hospital, Taunton, Mass.
- HAND, LESLIE L., appointed Assistant Physician at the State Hospital for the Insane, Danville, Pa.
- HATTIE, W. H., promoted to be Assistant Superintendent of the Nova Scotia Hospital for the Insane, Halifax.
- HAVEN, WALTER S., appointed Assistant Physician at the Northern Hospital for the Insane, Elgin, Ill.
- HOGG, M. W., appointed Third Assistant Physician at State Lunatic Asylum No. 1, Fulton, Mo.
- HOYT, FRANK C., formerly Assistant Physician at the Asylum for Insane, St. Joseph, Mo., appointed Superintendent of the Hospital for Insane, Clarinda, Iowa.
- HUTCHINGS, R. H., formerly Clinical Assistant, promoted to be Fourth Assistant Physician at the St. Lawrence State Hospital, Ogdensburg, N. Y.
- JACKMAN, FREDERICK O., formerly Assistant Physician at the Kansas State Insane Asylum, Topeka, Kan., appointed Assistant Physician at the Illinois Central Hospital for the Insane, Jacksonville, Ill.
- JACKSON, JOSEPH W., formerly Clinical Assistant at the Butler Hospital, Providence, R. I., appointed Assistant Physician at the Danvers Lunatic Hospital, Danvers, Mass.
- JELLY, ARTHUR C., appointed Second Assistant Physician at the Boston Lunatic Hospital, Boston, Mass.
- JEWETT, MILO AUGUSTUS, resigned as Assistant Physician at the Danvers Lunatic Hospital, Danvers, Mass.
- KENDIG, WILLARD C., appointed Second Assistant Physician at the Longview Asylum, Carthage, O.

KNIGHT, C. F., term expired as Second Assistant Physician at State Lunatic Asylum, No. 2, St. Joseph, Mo.

KUHLMAN, HELENE J., appointed Woman Assistant Physician at the Buffalo State Hospital, Buffalo, N. Y.

LIMMER, GEORGE L., appointed Assistant Physician at the Kansas State Insane Asylum, Topeka, Kansas.

LLEWELLEN, P. W., resigned Superintendency of the Hospital for the Insane, Clarinda, Iowa.

MANN, WILLIAM O., appointed Assistant Physician at the Westborough Insane Hospital, Westborough, Mass.

MCALLISTER, ELEANOR, resigned as Woman Assistant Physician at the Buffalo State Hospital, Buffalo, N. Y.

MCCUAIG, J. E., appointed Assistant Physician at the State Hospital for the Insane, Danville, Pa.

MCLAUGHLIN, H. T., appointed Assistant Physician at the Kansas State Insane Asylum, Osawatomie, Kan.

MEREDITH, H. B., formerly Assistant Physician, promoted to the Superintendency of the State Hospital for the Insane, Danville, Pa.

MUMAUGH, SHELBY, resigned as Second Assistant Physician at the Longview Asylum, Carthage, O.

NIXON, J. W., appointed Second Assistant Physician at State Lunatic Asylum, No. 1, Fulton, Mo.

O'FERRALL, CHARLES, appointed Third Assistant Physician at State Lunatic Asylum, No. 2, St. Joseph, Mo.

PAGE, LESLIE T., appointed Second Assistant Physician at the Vermont Asylum for the Insane, Brattleboro, Vt.

PAINE, N. EMMONS, resigned Superintendency of the Westborough Insane Hospital, Westborough, Mass.

PATTERSON, W. T., formerly Assistant Physician at the Northern Hospital for the Insane, Elgin, Ill., appointed Superintendent of the Hospital for Criminal Insane at Chester, Ill.

REID, A. P., formerly Medical Superintendent of the Nova Scotia Hospital for the Insane, Halifax, transferred to the position of Medical Superintendent of the Victoria General Hospital.

ROBERTS, L. A., appointed Assistant Physician at the Boston Lunatic Hospital, Boston, Mass.

ROBINSON, WALTER R., appointed Assistant Physician at the Northern Hospital for the Insane, Elgin, Ill.

- ROBINSON. —, Assistant Superintendent, transferred from the Kingston Asylum to the Toronto Asylum, Ontario, Canada.
- RUCKER, H. N., term expired as Superintendent of the Stockton Insane Asylum, Stockton, Cal.
- SCALLY, J. H., resigned as Clinical Assistant at the Maryland Hospital for the Insane, Catonsville, Md.
- SEARCY, J. T., appointed Superintendent of the Alabama Insane Hospital, Tuscaloosa, Ala.
- SEXTON, —, resigned as Second Assistant Physician at State Lunatic Asylum No. 1, Fulton, Mo.
- SHATTUCK, GEORGE L., appointed Second Assistant Physician at the Butler Hospital, Providence, R. I.
- SINCLAIR, G. L., formerly Assistant Superintendent promoted to the Superintendency of the Nova Scotia Hospital for the Insane, Halifax.
- SMITH, J. C., appointed Second Assistant Physician at State Lunatic Asylum, No. 2, St. Joseph, Mo.
- SNYDER, KATHERINE S., appointed Assistant Physician at the Southern Indiana Hospital for Insane, Evansville, Ind.
- STATLER, HERBERT OTTO, appointed Assistant Physician at Michigan Asylum for Insane, Kalamazoo, Michigan.
- STOCKTON, GEORGE, appointed Assistant Physician at the Columbus Insane Asylum, Columbus, O.
- SYKES, HENRY, resigned as First Assistant Physician, Male Department, State Hospital for the Insane, Norristown, Pa.
- SYLVESTER, W. E., appointed Medical Superintendent of the Kings County Insane Asylum, Flatbush, N. Y.
- THOMPSON, W. N., formerly Assistant Physician at the Taunton Lunatic Hospital, Taunton, Mass., appointed First Assistant Physician at the Vermont Asylum for the Insane, Brattleboro, Vt.
- TOMLINSON, H. A., formerly Assistant Physician, appointed Acting Superintendent of the First Minnesota Hospital for the Insane, St. Peter, Minn.
- WALTON, F. L., appointed substitute Assistant Physician at the East Mississippi Insane Asylum, Meridian, Miss.
- WELCH, G. O., formerly Assistant Physician at the Westborough Insane Hospital, Westborough, Mass., appointed Superintendent of the Third Minnesota Hospital for the Insane, Fergus Falls, Minn.

WELCH, LILIAN, resigned as Second Assistant Physician, Female Department, State Hospital for the Insane, Norristown, Pa.

WILLIAMSON, A. P., resigned Superintendency of the Third Minnesota Hospital for the Insane, Fergus Falls, Minn.

WILLITS, MARY, appointed Second Assistant Physician, Female Department, State Hospital for the Insane, Norristown, Pa.

WILMARTH, ALFRED N., formerly Assistant Superintendent, Institution for Feeble-Minded Children, Elwyn, Pa., appointed First Assistant Physician, Male Department, State Hospital for the Insane, Norristown, Pa.

WILSON, R. S., formerly First Assistant Physician, promoted to the Superintendency of State Lunatic Asylum, No. 1, Fulton, Mo.

WISWALL, EDWARD H., resigned as Assistant Physician at the Westborough Insane Hospital, Westborough, Mass.

WOOD, O. S., appointed Assistant Physician at the Athens Asylum for the Insane, Athens, O.

ZARING, C. T., resigned as Assistant Physician at the Southern Indiana Hospital for Insane, Evansville, Ind.



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Dr. H. H.
Schiffman